Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 1 of 70

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Y  | ourself                        |   |
|---|--------------------------------|---|
|   | About Debtor 1:                | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | e Monique                      |   |
| Write the name th   |                                | First name                                    |
| your government<br>picture identificati                   |                                | Middle name                                   |
| example, your dri   |                                |   |
| license or passpo   | Last name                      | Last name                                     |
| Bring your picture identification to you meeting with the | our Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other name   | es vou                         |   |
| have used in t  |                                | First name                                    |
| 8 years   |                                |   |
| Include your man  | Middle name<br>ried or         | Middle name                                   |
| maiden names.   | Last name                      | Last name                                     |
|   | First name                     | First name                                    |
|   | Middle name                    | Middle name                                   |
|   | Last name                      | Last name                                     |
| 3. Only the last 4 of your Social                         | digits XXX - XX- 4429          |   |
| Security numl federal Individ                             | ber or OR                      | OR  |
| Taxpayer Identification (ITIN)                            | 9 ** - **-                     | 9 xx - xx-                                    |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 2 of 70

| Debtor 1 Monique First Name                                  | Kelley Middle Name Last Name   | Case number (if known)   |
|--|--|--|
|  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                           | I have not used any business names or EINs.  | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name  | Business name  |
| 8 years  | Business name  | Business name  |
| Include trade names and doing business as names              | EIN  | EIN  |
|  | EIN  | EIN  |
| 5. Where you live  |  | If Debtor 2 lives at a different address:  |
|  | 1030 North LeClare Apt 1<br>Number Street  | Number Street  |
|  | ChicagoIllinois60651CityStateZip Code  | City State Zip Code  |
|  | Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                               | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.   |
|  | Number Street  | Number Street  |
|  | City State Zip Code  | City State Zip Code  |
| 6. Why you are choosing this district to file for bankruptcy | Check one:  ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |

## Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 3 of 70

| Debtor 1 Monique  |  | Kelley  | Case number (if kno  | own)   |
|---|--|---|--|--|
| First Name  | Middle Name  | Last Name   |  |  |
| Part 2: Tell the Court Abo  | out Your Bankruptcy C  | Case  |  |  |
| 7. The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under   |  | f description of each, see <i>Notice Rec</i><br>(10)). Also, go to the top of page 1 an   |  |  |
| 8. How you will pay the fee   | more details about cashier's check, or may pay with a cree I need to pay the Individuals to Pay I request that my judge may, but is the official poverty you choose this o | It how you may pay. Typically, if your money order If your attorney is edit card or check with a pre-print fee in installments. If you choose Your Filing Fee in Installments (Or fee be waived (You may request not required to, waive your fee, any line that applies to your family so | ou are paying the submitting you ted address. The this option, significal Form 103 this option only and may do so on size and you are to |  |
| 9. Have you filed for<br>bankruptcy within the<br>last 8 years?   | V No.  Yes. District  District  District   | WhenWhen  | MM / DD / YYYY  MM / DD / YYYY   | Case number  Case number  Case number  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District   | <u>W</u> her<br><u>W</u> her  | MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known |
| 11. Do you rent your residence?   | ✓ No. Got  | dlord obtained an eviction judgment a<br>to line 12.<br>out <i>Initial Statement About an Eviction</i><br>bankruptcy petition.  |  |  |

### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 4 of 70

Kelley Debtor 1 Monique \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 5 of 70

Debtor 1 Monique Kelley Case number (if known)
First Name Middle Name Last Name

| Pa   | rt 5: Explain Your Effor  | rts to Receive a Brie  | fing About Credit Counseling   |    |  |  |  |
|--|---|--|--|----|--|--|--|
|  |   | About Debtor 1:  |  | Al | bout Debtor 2 (Sp  | oouse Only in a Joint Case):   |  |
| 15.  | Tell the court  | You must check one:  |  | Yo | ou must check one:   |  |  |
|  | whether you have received briefing about credit counseling.   | counseling agen  | ing from an approved credit<br>cy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.   |    | counseling ager  | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  |  |
|  | The law requires that you receive a briefing  |  | he certificate and the payment plan, veloped with the agency.  |    |  | he certificate and the payment plan, veloped with the agency.  |  |
| about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file. | counseling before you file for bankruptcy.<br>You must truthfully   | counseling agen  | ing from an approved credit<br>cy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.  |    | counseling ager  | ring from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.  |  |
|  |   | er you file this bankruptcy petition, opy of the certificate and payment |  |    | er you file this bankruptcy petition, opy of the certificate and payment   |  |  |
|  | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques                          | ked for credit counseling services<br>d agency, but was unable to<br>vices during the 7 days after I<br>t, and exigent circumstances<br>emporary waiver of the                   |    | I certify that I asked for credit counseling<br>from an approved agency, but was unab<br>obtain those services during the 7 days a<br>made my request, and exigent circumsta<br>merit a 30-day temporary waiver of the<br>requirement. |  |  |
| creditors can begin collection activities again.   |   | requirement, attac<br>efforts you made t<br>unable to obtain it          | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and imstances required you to file this     |    | requirement, attace efforts you made unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this     |  |
|  |   |  | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.   |    | Your case may be dismissed if the court is dissatis with your reasons for not receiving a briefing befo you filed for bankruptcy.  |  |  |
|  |   | receive a briefing<br>must file a certifica<br>with a copy of the        | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |    | receive a briefing<br>must file a certification<br>with a copy of the  | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |  |
|  |   |  | ne 30-day deadline is granted only mited to a maximum of 15 days.  |    |  | he 30-day deadline is granted only mited to a maximum of 15 days.  |  |
|  |   | I am not required counseling beca  | d to receive a briefing about credit use of:   |    | I am not required counseling beca  | d to receive a briefing about credit ause of:  |  |
|  |   | ☐ Incapacity.  | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |    | Incapacity.  | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |  |
|  |   | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |    | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |  |
|  |   | Active duty.   | I am currently on active military duty in a military combat zone.  |    | Active duty.   | I am currently on active military duty in a military combat zone.  |  |
|  |   | about credit coun  | are not required to receive a briefing seling, you must file a motion for punseling with the court.  |    | about credit cour  | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  |  |

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Mair Document Page 6 of 70

Kellev Debtor 1 Monique Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded **V** No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Monique Kelley Signature of Debtor 1 Signature of Debtor 2 Executed on 2/21/2017 Executed on MM / DD / YYYY MM / DD / YYYY

## Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 7 of 70

| Debtor 1 Monique                                 |                            | Kelley                | Case number (if)             | known)  |
|--|----------------------------|-----------------------|------------------------------|---|
| First Name                                       | Middle Name                | Last Name             |                              |   |
| For your attorney, if you are represented by one | eligibility to proceed und | ler Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>lso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requi | ired by 11 U.S.C. §   | 342(b) and, in a case in v   | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge after    | an inquiry that the   | information in the sched     | ules filed with the petition is incorrect.  |
| attorney, you do not                             | 4.5                        |                       |                              | ·   |
| need to file this page.                          | /s/ Mike Miller            |                       | Date                         | 2/21/2017   |
|  | Signature of Attorney for  | or Debtor             |                              | M / DD / YYYY   |
|  | ,                          |                       |                              |   |
|  |                            |                       |                              |   |
|  | Mike Miller                |                       |                              |   |
|  | Printed name               |                       |                              |   |
|  | Semrad Law Firm            |                       |                              |   |
|  | Firm name                  |                       |                              |   |
|  |                            |                       |                              |   |
|  | 20 S. Clark Street Street  |                       |                              |   |
|  |                            |                       |                              |   |
|  | 28th Floor                 |                       |                              |   |
|  | Chicago                    |                       | Illinois                     | 60603   |
|  | Chicago<br>City            |                       | State                        | Zip Code  |
|  | Oity                       |                       | Giale                        | Zip Gode  |
|  | Contact phone              | 3122568728            | Email address                | mmiller@semradlaw.com   |
|  |                            |                       | Illinois                     |   |
|  | Bar number                 |                       | State                        |   |

### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 8 of 70

| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | Monique                   |             | Kelley               |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |  |
| Case number (If known)                          |                           |             |                      |  |  |  |  |  |

|   | Check if | this    | is | an |
|---|----------|---------|----|----|
| _ | amende   | d filir | ng |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |                                    |
|--|------------------------------------|
|  | Your assets Value of what you own  |
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00                             |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | <u> </u>                           |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$10,270.00                        |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$10,270.00                        |
| art 2: Summarize Your Liabilities  |                                    |
|  | Your liabilities<br>Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$11,370.00                        |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00                             |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   |                                    |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$32,669.00                        |
| Your total liabilities   | \$44,039.00                        |
| Part 3: Summarize Your Income and Expenses   |                                    |
| . Schedule I: Your Income (Official Form 106I)   |                                    |
| Copy your combined monthly income from line 12 of Schedule I   | \$2,565.29                         |
|  |                                    |

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 9 of 70

| Deb            | tor 1  | Monique                            |                              | Kelley                         | Case number (if known)   |            |
|----------------|--|------------------------------------|------------------------------|--------------------------------|--|------------|
| 5 .            |  | First Name                         | Middle Name                  | Last Name                      |  |            |
| Part           | 4:   | Answer These Question              | is for Administrativ         | ve and Statistical Rec         | oras   |            |
| 6. <b>A</b>    | re yo  | ou filing for bankruptcy unde      | er Chapters 7, 11, or        | 13?                            |  |            |
|                |  | lo. You have nothing to report     | on this part of the for      | m. Check this box and sub      | mit this form to the court with your other sch                             | edules.    |
| Ē              | <b>✓</b>   | es.                                |                              |                                |  |            |
| 7 14           |  | kind of debt do you have?          |                              |                                |  |            |
| /. V           |  | •                                  |                              |                                |  |            |
| Ŀ              |  |                                    |                              |                                | d by an individual primarily for a personal, al purposes. 28 U.S.C. § 159. |            |
| Г              | ¬ <sub>Y</sub>   | our debts are not primarily        | consumer debts. You          | u have nothing to report on    | this part of the form. Check this box and sul                              | omit       |
|                | — th   | nis form to the court with your    | other schedules.             |                                | <u> </u>   |            |
|                |  | the Statement of Your Cur          |                              |                                | onthly income from Official  | \$2,610.97 |
|                | Form   | 122A-1 Line 11; <b>OR</b> , Form 1 | 22B Line 11; <b>OR</b> , For | m 122G-1 Line 14.              |  |            |
| 9.             | Cop  | by the following special cate      | gories of claims fror        | n Part 4, line 6 of Schedu     | le E/F:  |            |
|                | Fro  | m Part 4 on Schedule E/F, c        | opy the following:           |                                | Total claim  |            |
|                |  |                                    |                              |                                |  |            |
|                | 9a.  | Domestic support obligations       | (Copy line 6a.)              |                                | \$0.00   |            |
|                | 9b.  | Taxes and certain other debts      | you owe the governm          | nent. (Copy line 6b.)          | \$0.00   |            |
|                | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 |                                    |                              |                                | \$0.00   |            |
| 9d. Student lo |  | Student loans. (Copy line 6f.)     |                              |                                | \$7,817.00   |            |
|                |  | Obligations arising out of a se    | paration agreement or        | divorce that you did not re    | port as \$0.00   |            |
|                | buo  | rity claims. (Copy line 6g.)       |                              |                                | \$0.00   |            |
|                | 9f. I  | Debts to pension or profit-sha     | ring plans, and other s      | similar debts. (Copy line 6h.) | ·  |            |

\$7,817.00

9g. Total. Add lines 9a through 9f.

### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 10 of 70

| Fill in this                           | information                              | to identify your ca   | ase:   |                       | -   |                                |   |  |
|--|--|---|--|-----------------------|---|--------------------------------|---|--|
| Dalata u 1                             | Mani                                     |   |  |                       | Malla   |                                |   |  |
| Debtor 1                               | Moni<br>First                            | que<br>Name   | Middle N   | lame                  | Kelley Last Name  | _                              |   |  |
| Debtor 2                               | 1 1101                                   | , tarro   | Wilddio 1  | •aiiio                | Lastivanio  |                                |   |  |
| (Spouse, if fil                        | ling) First                              | Name  | Middle N   | lame                  | Last Name   |                                |   |  |
| United Sta                             | ates Bankrup                             | tcy Court for the:  | Northern   |                       | District of Illinois (State)  | _                              |   |  |
| Case num<br>(If known)                 | nber                                     |   |  |                       | · , ,   | _                              |   |  |
| Officia                                | al Form                                  | 106A/B  |  |                       |   |                                |   | Check if this is an amended filing                 |
| Sched                                  | dule A                                   | /B: Prope   | rty  |                       |   |                                |   | 12/1   |
| category v<br>responsibl<br>write your | where you t<br>le for supply<br>name and | hink it fits best. E<br>ying correct infor<br>case number (if k | Be as complete a<br>mation. If more s<br>nown). Answer e | nd ad<br>pace<br>very | asset only once. If an asset fits<br>ccurate as possible. If two marri<br>is needed, attach a separate sl<br>question.<br>or Other Real Estate You Ow | ied people a<br>heet to this f | re filing together, both a<br>form. On the top of any a | re equally   |
|  |  |   |  |                       |   |                                |   |  |
|  | No. Go to l                              |   | luitable interest  | ın an                 | y residence, building, land, or si  | ımııar proper                  | ty?   |  |
| <b>✓</b>                               |  |   |  |                       |   |                                |   |  |
| ш                                      | Yes. Where                               | is the property?  |  |                       |   |                                |   |  |
|  |  |   |  | Wh                    | at is the property? Check all that  | apply.                         |   | claims or exemptions. Put                          |
| 1.1                                    | Street addre                             | ess, if available, or   | other description  | Ш                     | Single-family home  |                                |   | red claims on Schedule D: ims Secured by Property. |
|  | ou oor addi                              | ooo, ii availabio, oi   | ouror accompliant  |                       | Duplex or multi-unit building   |                                |   |  |
|  |  |   |  |                       | Condominium or cooperative  |                                | Current value of the<br>entire property?                | Current value of the portion you own?              |
|  |  |   |  |                       | Manufactured or mobile home   |                                |   |  |
|  | Number                                   | Street  |  |                       | Land  |                                |   |  |
|  | Number                                   | Street  |  |                       | Investment property   |                                | Describe the nature o<br>interest (such as fee s        |  |
|  | 0:4.                                     | Ctata   | 7:- 0  |                       | Timeshare<br>Other  |                                | the entireties, or a life                               |  |
|  | City                                     | State   | Zip Code   |                       | Other   | _                              |   |  |
|  |  |   |  | Wh<br>one             | o has an interest in the property   | y? Check                       | Check if this is co                                     | mmunity property                                   |
|  |  |   |  |                       | Debtor 1 only   |                                |   |  |
|  |  |   |  | Η                     | Debtor 2 only   |                                |   |  |
|  |  |   |  | Щ                     | •   |                                |   |  |
|  |  |   |  | Щ                     | Debtor 1 and Debtor 2 only  | o th or                        |   |  |
|  |  |   |  | Ш                     | At least one of the debtors and an  |                                |   |  |
|  |  |   |  |                       | ner information you wish to add perty identification number:  | about this it                  | em, such as local                                       |  |
| If you                                 | own or have                              | e more than one, li   | et here:   | pic                   | perty identification flumber.   |                                |   |  |
| ii you                                 | OWII OI IIAV                             | o more triair one, ii   | ot noic.   | Wh                    | at is the property? Check all that  | apply                          | Do not deduct secured                                   | claims or exemptions. Put                          |
| 1.2                                    |  |   |  | П                     | Single-family home  | -1-1-7                         | the amount of any secu                                  | red claims on Schedule D:                          |
|  | Street addre                             | ess, if available, or   | other description  | П                     | Duplex or multi-unit building   |                                | Creditors Who Have Cla                                  | ims Secured by Property.                           |
|  |  |   |  | H                     | Condominium or cooperative  |                                | Current value of the                                    | Current value of the                               |
|  |  |   |  | H                     | Manufactured or mobile home   |                                | entire property?  | portion you own?                                   |
|  |  |   |  | H                     | Land  |                                |   |  |
|  | Number                                   | Street  |  | H                     | Investment property   |                                | Describe the nature o                                   |  |
|  |  |   |  | H                     | Timeshare   |                                | interest (such as fee s<br>the entireties, or a life    |  |
|  | City                                     | State   | Zip Code   | H                     | Other   | _                              |   |  |
|  |  |   |  |                       | o has an interest in the property   | y? Check                       | Check if this is co<br>(see instructions)               | mmunity property                                   |
|  |  |   |  | one                   |   |                                | $\sqcup$  |  |
|  |  |   |  | Щ                     | Debtor 1 only   |                                |   |  |
|  |  |   |  |                       | Debtor 2 only   |                                |   |  |
|  |  |   |  |                       | Debtor 1 and Debtor 2 only  |                                |   |  |
|  |  |   |  |                       | At least one of the debtors and an  | other                          |   |  |
|  |  |   |  |                       | ner information you wish to add perty identification number:  | about this it                  | em, such as local                                       |  |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 11 of 70

| Debtor 1    | Monique<br>First Name  | Middle Name           | Kelley<br>Last Name  | Case numbe       | r (if known)   |   |
|-------------|--|-----------------------|--|------------------|--|---|
| 1.3<br>Stre | et address, if available, or otl                                 | v                     | Vhat is the property? Check all that  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home | apply.           | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> Current value of the portion you own? |
| Nur<br>City | nber Street State  | Zip Code              | Land Investment property Timeshare Other   | _                | Describe the nature or interest (such as fee s the entireties, or a life | imple, tenancy by   |
|             |  | ]<br>]<br>]<br>]      | Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an                    | other            | Check if this is co<br>(see instructions)  such as local                 | mmunity property  |
|             | the dollar value of the porve attached for Part 1. Wr            | tion you own for a    | <b>.</b>   | uding any entrie | s for pages  |   |
|             | Describe Your Vehicle  |                       | in any vehicles, whether they are  | registered or no | ot? Include any vehicles   |   |
| you own t   | hat someone else drives. If y<br>uns, trucks, tractors, sport ut | ou lease a vehicle, a | also report it on Schedule G: Executo  |                  |  |   |
| 3.1         | Make<br>Model:<br>Year:  | Saturn<br>Vue<br>2010 | Who has an interest in the proone.  Debtor 1 only  | perty? Check     | the amount of any secu   | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.                                     |
|             | Approximate mileage: Other information:                          | 84000                 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community   |                  | Current value of the entire property?<br>\$4525.00                       | Current value of the portion you own?<br>\$4525.00  |
| 3.2         | Make<br>Model:<br>Year:  |                       | who has an interest in the pro one.  Debtor 1 only   | perty? Check     | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  |
|             | Approximate mileage: Other information:                          |                       | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)                                 |                  | Current value of the entire property?                                    | Current value of the portion you own?   |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 12 of 70

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Monique<br>First Name  | Middle Name | Kelley<br>Last Name  | Case number  | er (irknown)  |  |
|---|--|-------------|--|--|---|--|
|   |  |             |  |  |   |  |
| 3.3                                     | Make<br>Model:   |             | Who has an interest in the one.  | property? Check  | Do not deduct secured<br>the amount of any secu   | •  |
|   | Year:  |             | Debtor 1 only  |  | Creditors Who Have Cla  |  |
|   | Approximate mileage:   |             |  |  |   | , , ,  |
|   | . 1-1  |             | Debtor 2 only  |  | Current value of the  | Current value of the   |
|   | Other information:   |             | Debtor 1 and Debtor 2 or   | nly  | entire property?  | portion you own?   |
|   |  |             | At least one of the debto  | rs and another   |   |  |
|   |  |             | Check if this is commu   | nity property (see   |   |  |
|   |  |             | instructions)  |  |   |  |
| 3.4                                     | Make   |             | Who has an interest in the   | property? Check  | Do not deduct secured   |  |
|   | Model:   |             | one.   |  | the amount of any secu  |  |
|   | Year:  |             | Debtor 1 only  |  | Creditors Who Have Cla  | ilms Securea by Property   |
|   | Approximate mileage:   |             | Debtor 2 only  |  | Current value of the  | Current value of the   |
|   | Other information:   |             | Debtor 1 and Debtor 2 or   | nly  | entire property?  | portion you own?   |
|   |  |             | At least one of the debto  | rs and another   |   |  |
|   |  |             | Check if this is commu   | nity property (see   |   |  |
|   |  |             | instructions)  |  |   |  |
| Exar                                    | mples: Boats, trailers, motors   | •           | er recreational vehicles, other<br>t, fishing vessels, snowmobiles,  | •  |   |  |
| Exar                                    | nples: Boats, trailers, motors<br>No<br>Yes  | •           | er recreational vehicles, othe   | motorcycle accessori   |   | •  |
| Exar                                    | nples: Boats, trailers, motors<br>No<br>Yes<br>Make  | •           | er recreational vehicles, other<br>t, fishing vessels, snowmobiles,<br>Who has an interest in the  | motorcycle accessori   | Do not deduct secured   | red claims on <i>Schedule</i>  |
| Exar                                    | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:  | •           | who has an interest in the   | motorcycle accessori   | Do not deduct secured the amount of any secu  | red claims on <i>Schedule</i>  |
| Exar                                    | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:   | •           | who has an interest in the one.  Debtor 1 only   | motorcycle accessori property? Check                                   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule<br>ims Secured by Propert   |
| Exar                                    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:   | •           | who has an interest in the one.  Debtor 1 only  Debtor 2 only  | motorcycle accessori property? Check                                   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule<br>hims Secured by Property<br>Current value of the   |
| Exar                                    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:   | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only At least one of the debtor  | motorcycle accessori property? Check nly rs and another                | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule<br>hims Secured by Property<br>Current value of the   |
| Exar                                    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:   | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on  | motorcycle accessori property? Check nly rs and another                | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule<br>lims Secured by Propert<br>Current value of the  |
| 4.1                                     | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:   | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only At least one of the debtor  Check if this is commu  | property? Check  nly rs and another  nity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule ims Secured by Propert Current value of the portion you own?  |
| 4.1                                     | nples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model:                            | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor Check if this is communinstructions)  | property? Check  nly rs and another  nity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Clas  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. Fored claims on Schedule   |
| 4.1                                     | Make Model: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: Other information:                             | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one.  | property? Check  nly rs and another  nity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured   | red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. Fored claims on Schedule   |
| 4.1                                     | nples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model:                            | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor constructions)  Who has an interest in the one.   | property? Check  nly rs and another  nity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Clas  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. Fored claims on Schedule   |
| 4.1                                     | Make Model: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: Other information:                             | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor check if this is communinstructions)  Who has an interest in the one.  Debtor 1 only  | property? Check  nly rs and another nity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications                     | red claims on Schedule lims Secured by Propert Current value of the portion you own?  claims or exemptions. F red claims on Schedule lims Secured by Propert   |
| 4.1                                     | mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor Check if this is communinstructions)  Who has an interest in the one. Debtor 1 only   | property? Check  nly rs and another nity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule ims Secured by Propert  Current value of the portion you own?  claims or exemptions. For the portion of |
| 4.1                                     | mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor Check if this is communinstructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only | property? Check  nly rs and another nity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule ims Secured by Property  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule ims Secured by Property  Current value of the  |

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 13 of 70

Kellev Debtor 1 Monique Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture \$900.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... **Used Electronics** \$1000.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$450.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc Jewelry \$75.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2425.00 for Part 3. Write that number here .....

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 14 of 70

Kelley Debtor 1 Monique Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$175.00 17.1. Checking account: Chase 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture % of ownership: Name of entity Yes. Give specific information about

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 15 of 70

| Deb <sup>1</sup> | tor 1 Monique             |  | Kelley                     | Case number (if known)                      |     |
|------------------|---------------------------|--|----------------------------|---|-----|
|                  | First Name                | Middle Name  | Last Name                  |   |     |
| 20.              | Negotiable instruments    | orate bonds and other negotial include personal checks, cashiers' ents are those you cannot transfer | checks, promissory no      | ites, and money orders.                     |     |
|                  |                           |  |                            |   |     |
|                  |                           |  |                            |   |     |
|                  |                           |  |                            |   | · · |
| 21.              | Retirement or pension     |  |                            |   |     |
|                  | Examples: Interests in I  | RA, ERISA, Keogh, 401(k), 403(b)   | , thrift savings accounts  | s, or other pension or profit-sharing plans |     |
|                  | ✓ No                      | Town of accounts   | In a tituetia a manana     |   |     |
|                  | Yes. List each            | Type of account:   | Institution name:          |   |     |
|                  | account separately.       | 401(k) or similar plan:  |                            |   | · - |
|                  |                           | Pension plan:  |                            |   |     |
|                  |                           | IRA:   |                            |   |     |
|                  |                           | Retirement account:  | -                          |   |     |
|                  |                           | Keogh:   |                            |   |     |
|                  |                           | -  | _                          |   |     |
|                  |                           | Additional account:  |                            |   |     |
|                  |                           | Additional account:  |                            |   |     |
| 22.              |                           | prepayments<br>d deposits you have made so that<br>with landlords, prepaid rent, public              |                            |   |     |
|                  | Yes                       | Electric:  |                            |   |     |
|                  |                           |  |                            |   |     |
|                  |                           | Gas:   |                            |   |     |
|                  |                           | Heating oil:   | _                          |   |     |
|                  |                           | Security deposit on rental unit:   |                            |   |     |
|                  |                           | Prepaid rent:  |                            |   | -   |
|                  |                           | Telephone:   |                            |   |     |
|                  |                           | Water:   |                            |   |     |
|                  |                           | Rented furniture:  |                            |   |     |
|                  |                           | Other:   |                            |   |     |
| 23.              | Annuities (A contract for | or a periodic payment of money to  | you, either for life or fo | r a number of years)                        |     |
|                  | <b>✓</b> No               |  |                            |   |     |
|                  | Yes                       | Issuer name and description:   |                            |   |     |
|                  |                           |  |                            |   |     |
|                  |                           |  |                            |   |     |
|                  |                           |  |                            |   |     |
|                  |                           |  |                            |   |     |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 16 of 70

| Debt | tor 1 Monique   | Kelley  Name Last Name   | Case number (if known)   |  |
|------|---|--|--|--|
| 24.  | Interests in an education IRA, in an ac   | count in a qualified ABLE program, or unde   | er a qualified state tuition program.  |  |
|      | 26 U.S.C. §§ 530(b)(1), 529A(b), and 529  No Institution name and description  Yes  | 9(b)(1). ription. Separately file the records of any interes                                   | ts.11 U.S.C. § 521(c):   |  |
|      |   |  |  |  |
| 25.  | exercisable for your benefit  | property (other than anything listed in line   | 1), and rights or powers   |  |
|      | ✓ No  Yes. Describe   |  |  |  |
| 26.  | Examples: Internet domain names, websi  | e secrets, and other intellectual property<br>tes, proceeds from royalties and licensing agree | ements   |  |
|      | Yes. Describe   |  |  |  |
| 27.  | Licenses, franchises, and other general Examples: Building permits, exclusive lice  | al intangibles<br>nses, cooperative association holdings, liquor l                             | icenses, professional licenses   |  |
|      | ✓ No  Yes. Describe   |  |  |  |
|      |   |  |  |  |
| Mor  | ney or property owed to you?  |  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.                       |
|      | ney or property owed to you?  Tax refunds owed to you   |  |  | portion you own?   |
|      | Tax refunds owed to you   |  |  | portion you own? Do not deduct secured claims or exemptions.   |
|      | Tax refunds owed to you   | 2016 Tax Refund  | Federal:   | portion you own? Do not deduct secured claims or exemptions.  \$3145.00                                  |
|      | Tax refunds owed to you  No Yes. Give specific information  | 2016 Tax Refund  | Federal:<br>State:   | portion you own? Do not deduct secured claims or exemptions.   |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  | 2016 Tax Refund  |  | portion you own? Do not deduct secured claims or exemptions.  \$3145.00                                  |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  | 2016 Tax Refund spousal support, child support, maintenance,                                   | State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$3145.00  \$0.00                          |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,   |  | State:  Local:  divorce settlement, property settlemen   | portion you own? Do not deduct secured claims or exemptions.  \$3145.00  \$0.00  \$0.00                  |
| 28.  | Tax refunds owed to you  No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,  |  | State:  Local:  divorce settlement, property settlemen  Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$3145.00  \$0.00  t  \$0.00               |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,   |  | State: Local: divorce settlement, property settlemen Alimony: Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$3145.00 \$0.00  t \$0.00 \$0.00          |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,   |  | State:  Local:  divorce settlement, property settlemen  Alimony:  Maintenance:  Support:                                       | portion you own? Do not deduct secured claims or exemptions.  \$3145.00 \$0.00  \$0.00  \$0.00  \$0.00   |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,   |  | State: Local:  divorce settlement, property settlemen  Alimony:  Maintenance:  Support:  Divorce settlement:                   | \$3145.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds owed to you  No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony,  No  Yes. Give specific information   |  | State:  Local:  divorce settlement, property settlemen  Alimony:  Maintenance:  Support:                                       | portion you own? Do not deduct secured claims or exemptions.  \$3145.00 \$0.00  \$0.00  t  \$0.00 \$0.00 |
| 28.  | Tax refunds owed to you  No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,  No  Yes. Give specific information  Other amounts someone owes you  Examples: Unpaid wages, disability insurar Social Security benefits; unpaid |  | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$3145.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds owed to you  No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony,  No  Yes. Give specific information  Other amounts someone owes you Examples: Unpaid wages, disability insurar                                    | spousal support, child support, maintenance,   | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$3145.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 17 of 70

| Deb  | or 1 Monique  |                             | Kelley   | Case number (if known)                         |  |
|------|---|-----------------------------|--|--|--|
|      | First Name  | Middle Nam                  | e Last Name  |  |  |
| 31.  | Interests in insurance Examples: Health, disab                      |                             | ealth savings account (HSA); credit, I                               | nomeowner's, or renter's insurance             |  |
|      | No Yes. Name the insure of each policy and                          |                             | Company name:  | Beneficiary:                                   | Surrender or refund value:   |
| 32.  |   | y of a living trust, expect | n someone who has died<br>proceeds from a life insurance police      | cy, or are currently entitled to receive       |  |
| 33.  | Claims against third p  |                             | you have filed a lawsuit or made<br>surance claims, or rights to sue | a demand for payment                           |  |
| 34.  | Other contingent and to set off claims  No Yes. Describe            | unliquidated claims o       | f every nature, including counter                                    | claims of the debtor and rights                |  |
| 35.  | Any financial assets y  No Yes. Describe                            | ou did not already list     |  |  |  |
| 36.  |   | -                           | m Part 4, including any entries fo                                   |  | \$3320.00  |
| Part |   |                             |  | nterest In. List any real estate in Par        | t1.  |
| 37.  | No. Go to Part 6.  Yes. Go to line 38.                              | ny legal or equitable i     | nterest in any business-related pi                                   |  | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable   | or commissions you al       | ready earned   |  |  |
| 39.  | Office equipment, furn<br>Examples: Business-rel  No  Yes. Describe |                             | e, modems, printers, copiers, fax m                                  | achines, rugs, telephones, desks, chairs, elec | stronic devices  |
|      | <u> </u>  |                             |  |  |  |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 18 of 70

| Deb   | tor 1 Monique               | Kelley   | Case number (if known)     |  |
|-------|-----------------------------|--|----------------------------|--|
|       | First Name                  | Middle Name Last Name  |                            |  |
| 40.   | Machinery, fixtures, equi   | pment, supplies you use in business, and tools of your trade   |                            |  |
|       | <b>✓</b> No                 |  |                            |  |
|       | Yes. Describe               |  |                            |  |
|       |                             |  |                            |  |
|       |                             | <del></del>  |                            |  |
| 41.   | Inventory                   |  |                            |  |
|       | <b>√</b> No                 |  |                            |  |
|       | Yes. Describe               |  |                            |  |
|       |                             |  |                            |  |
|       |                             | <del></del>  |                            |  |
| 42.   | Interests in partnerships   | or joint ventures  |                            |  |
|       | ✓ No                        |  |                            |  |
|       | Yes. Give specific          | Name of entity:  | % of ownership:            |  |
|       | information about           |  |                            |  |
|       | them                        |  |                            | <u> </u>                                       |
|       |                             |  | <del></del>                | -  |
|       |                             |  |                            | _  |
| 43. ( | Customer lists, mailing lis | ts, or other compilations  |                            |  |
|       | <b>✓</b> No                 |  |                            |  |
|       |                             | ude personally identifiable information (as defined in 11 U.S.C. § 1   | 101(41A))?                 |  |
|       | <b>□</b> ′                  |  | , ,,                       |  |
|       | ☐ No                        |  |                            |  |
|       | Yes. Describe               | 4  |                            |  |
|       |                             |  |                            |  |
| 44.   | Any business-related pro    | perty you did not already list   |                            |  |
|       | <b>✓</b> No                 |  |                            |  |
|       | Yes. Give specific          |  |                            | <u> </u>                                       |
|       | information                 |  |                            |  |
|       |                             |  |                            |  |
|       |                             |  |                            |  |
|       |                             | ·  |                            | <del>_</del>                                   |
|       |                             |  |                            |  |
|       |                             |  |                            |  |
|       |                             |  |                            |  |
| 45.4  | 4446 - 450 - 51 - 57 - 01   | for a section for a Boat Education for a section for a sec |                            |  |
|       |                             | of your entries from Part 5, including any entries for pages your ere  |                            |  |
| •     |                             |  |                            |  |
| Part  | Describe Any Farn           | n- and Commercial Fishing-Related Property You Ov  | wn or Have an Interest In. |  |
|       | If you own or have an inte  | erest in farmland, list it in Part 1.  |                            |  |
| 46.   | Do you own or have any      | legal or equitable interest in any farm- or commercial fishing   | g-related property?        |  |
|       | No. Go to Part 7.           |  |                            | Current value of the                           |
|       | Yes. Go to line 47.         |  |                            | portion you own?  Do not deduct secured claims |
|       |                             |  |                            | or exemptions                                  |
| 47.   | Farm animals                |  |                            |  |
|       | Examples: Livestock, poult  | ry, farm-raised fish   |                            |  |
|       | <b>✓</b> No                 |  |                            |  |
|       | Yes. Describe               |  |                            |  |
|       | <b>—</b> 1321 2 3301100111  |  |                            |  |
|       |                             |  |                            |  |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 19 of 70

| Debt         | tor 1 Monique              |  | elley (                | Case number (if known)         |              |
|--------------|----------------------------|--|------------------------|--------------------------------|--------------|
| 48.          | Crops-either growing       |  |                        |                                |              |
|              | No Yes. Describe           |  |                        |                                |              |
| 49.          | Farm and fishing equip     | oment, implements, machinery, fixture                                | s, and tools of trade  |                                |              |
|              | <b>✓</b> No                |  |                        |                                |              |
|              | Yes. Describe              |  |                        |                                |              |
| 50.          | Farm and fishing supp      | lies, chemicals, and feed  |                        |                                |              |
|              | <b>✓</b> No                |  |                        |                                |              |
|              | Yes. Describe              |  |                        |                                |              |
| 51.          | Any farm- and comme        | rcial fishing-related property you did n                             | ot already list        |                                |              |
|              | <b>✓</b> No                |  |                        |                                |              |
|              | Yes. Describe              |  |                        |                                |              |
|              |                            | l of your entries from Part 6, including                             |                        | ı have attached                |              |
| Part         | 7: Describe All Pro        | perty You Own or Have an Intere                                      | st in That You Did Not | List Above                     |              |
| 53.          |                            | perty of any kind you did not already lists, country club membership | st?                    |                                |              |
|              | ✓ No                       |  |                        |                                |              |
|              | Yes. Give specific         |  |                        |                                |              |
|              | information                |  |                        |                                |              |
|              |                            |  |                        |                                |              |
| 54. A        | dd the dollar value of al  | I of your entries from Part 7. Write tha                             | t number here          |                                | <b>&gt;</b>  |
|              |                            |  |                        |                                |              |
|              |                            |  |                        |                                |              |
|              |                            |  |                        |                                |              |
| Part         | 8: List the Totals of      | Each Part of this Form   |                        |                                | <del></del>  |
| 55. <b>I</b> | Part 1: Total real estate  | , line 2   |                        | <b>&gt;</b>                    |              |
| 56. <b>r</b> | oart 2 total vehicles, lin | e 5  | \$4525.00              |                                |              |
| 57. <b>P</b> | art 3: Total personal an   | d household items, line 15   | \$2425.00              |                                |              |
| 58. <b>P</b> | art 4: Total financial as  | sets, line 36  | \$3320.00              |                                |              |
| 59. <b>i</b> | Part 5: Total business-re  | elated property, line 45   |                        |                                |              |
| 60. <b>I</b> | Part 6: Total farm- and f  | ishing-related property, line 52                                     | <u></u>                |                                |              |
| 61. <b>I</b> | Part 7: Total other prop   | erty not listed, line 54   |                        |                                |              |
| 62.1         | Fotal personal property.   | Add lines 56 through 61  | \$10270.00             | Copy personal property total ▶ | + \$10270.00 |
|              |                            |  |                        |                                | \$10270.00   |
| 63. <b>T</b> | otal of all property on S  | chedule A/B. Add line 55 + line 62                                   |                        |                                |              |

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main

| fill in this   | s information to identify your cas   | se:  |   |  |
|--|--|--|---|--|
| Debtor 1   | Monique  |  | Kelley  |  |
| N. l. I 0  | First Name   | Middle Name  | Last Name   |  |
| Debtor 2<br>Spouse, if   | First Name   | Middle Name  | Last Name   |  |
| Jnited St  | ates Bankruptcy Court for the:   | Northern   | District of Illinois  |  |
| aco nur  | nhor.  |  | (State)   |  |
| Case nur<br>f known)   |  |  |   |  |
| Offic  | ial Form 106C  |  |   | Check if this i amended filin  |
| che  | dule C: The Prope  | erty You Claim a   | as Exempt   | 12   |
| aic a s  | DECING UCHAL ATTICUM AS EX   | kembi. Ancmaliyery, yi   | ou may claim the full fair market va  | ide of the broberty being exempted up  |
| ne amo<br>nx-exer<br>nder a<br>our exe   | unt of any applicable staturement retirement funds—may law that limits the exemption would be limited to Identify the Property You (   | tory limit. Some exemp<br>be unlimited in dollar<br>on to a particular dolla<br>the applicable statuto<br>Claim as Exempt  | amount. However, if you claim an er amount and the value of the propo   | ls, rights to receive certain benefits, an<br>exemption of 100% of fair market value   |
| ne amo<br>nx-exer<br>nder a<br>our exe   | unt of any applicable staturement retirement funds—may law that limits the exemption would be limited to Identify the Property You (   | tory limit. Some exempt be unlimited in dollar on to a particular dollar the applicable statuto Claim as Exempt  Islaming? Check one only, e   | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  | ls, rights to receive certain benefits, an<br>exemption of 100% of fair market value   |
| ne amo   | ount of any applicable stature mpt retirement funds—may law that limits the exemption would be limited to dentify the Property You on set of exemptions are you content of the set of exemptions are your content of the set of exemptions are your content of the set of exemptions are your content of the set of th | tory limit. Some exemply be unlimited in dollar on to a particular dollar the applicable statuto Claim as Exempt laiming? Check one only, everal nonbankruptcy exempt  | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  Expense: 11 U.S.C. § 522(b)(3)  | ds, rights to receive certain benefits, an<br>exemption of 100% of fair market value   |
| e amo<br>ix-exei<br>nder a<br>our exe<br>Part 1:   | nunt of any applicable status mpt retirement funds—may law that limits the exemption emption would be limited to Identify the Property You of the set of exemptions are you of You are claiming state and fed You are claiming federal exemptions  | tory limit. Some exempt be unlimited in dollar on to a particular dollar of the applicable statuto. Claim as Exempt  Laiming? Check one only, ever a nonbankruptcy exempt options. 11 U.S.C. § 522(b)  | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  Expense: 11 U.S.C. § 522(b)(3)  | ls, rights to receive certain benefits, an<br>exemption of 100% of fair market value   |
| e amoux-exernder a pur exernite. White I. White I. White I. White I. For Briefline   | nunt of any applicable status mpt retirement funds—may law that limits the exemption emption would be limited to Identify the Property You of the set of exemptions are you of You are claiming state and fed You are claiming federal exemptions  | tory limit. Some exemply be unlimited in dollar on to a particular dollar of the applicable statuto the applicable statuto Claim as Exempt  Islaming? Check one only, everal nonbankruptcy exemptions. 11 U.S.C. § 522(b) the A/B that you claim as and Current value of   | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  Apptions. 11 U.S.C. § 522(b)(3)  Pol(2)  Exempt, fill in the information below.  Amount of the exemption you claim  Check only one box for each exemption.  | Is, rights to receive certain benefits, an exemption of 100% of fair market value erty is determined to exceed that amou   |
| e amoux-exernder a pur exernder 1:  . White properties the properties amoux exerns a pur exerns  | nunt of any applicable status mpt retirement funds—may law that limits the exemption mption would be limited to Identify the Property You of the set of exemptions are you of You are claiming state and fed You are claiming federal exemption any property you list on Schedule of description of the property are on Schedule A/B that lists this perty   | tory limit. Some exemply be unlimited in dollar on to a particular dollar on the applicable statuto the applicable statuto. Claim as Exempt  Islaming? Check one only, everal nonbankruptcy exemptions. 11 U.S.C. § 522(b) the A/B that you claim as the control of the portion you own  Copy the value from                                   | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  Apptions. 11 U.S.C. § 522(b)(3)  Pol(2)  Exempt, fill in the information below.  Amount of the exemption you claim  Check only one box for each exemption.  | ds, rights to receive certain benefits, an exemption of 100% of fair market value erty is determined to exceed that amount is determined to exceed that allow exemptions.  |
| e amoux-exernder a pur exernder 1:  . White properties are properties are  | nunt of any applicable status mpt retirement funds—may law that limits the exemption mption would be limited to Identify the Property You of the set of exemptions are you of You are claiming state and fed You are claiming federal exemptions any property you list on Schedule of description of the property are on Schedule A/B that lists this perty  | tory limit. Some exemply be unlimited in dollar on to a particular dollar on the applicable statuto the applicable statuto. Claim as Exempt  Islaming? Check one only, everal nonbankruptcy exemptions. 11 U.S.C. § 522(b) the A/B that you claim as the control of the portion you own  Copy the value from                                   | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  Apptions. 11 U.S.C. § 522(b)(3)  (2)  exempt, fill in the information below.  Amount of the exemption you claim  Check only one box for each exemption.   | ds, rights to receive certain benefits, an exemption of 100% of fair market value erty is determined to exceed that amount of the second secon |
| e amoux-exernder a pur exernder a pur exernder a. White and a pur exernder a. White a pur exernder a. White a pur exernder a p | nunt of any applicable status mpt retirement funds—may law that limits the exemption emption would be limited to Identify the Property You of the set of exemptions are you of You are claiming state and fed You are claiming federal exemptions any property you list on Schedule of description of the property are on Schedule A/B that lists this perty  for cription: Saturn Vue, 2010   | tory limit. Some exemply be unlimited in dollar on to a particular dollar on the applicable statuto. Claim as Exempt  Italiaming? Check one only, exemptions. 11 U.S.C. § 522(b) tule A/B that you claim as the current value of the portion you own  Copy the value from Schedule A/B   | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  Apptions. 11 U.S.C. § 522(b)(3)  (2)  exempt, fill in the information below.  Amount of the exemption you claim  Check only one box for each exemption.   | Is, rights to receive certain benefits, an exemption of 100% of fair market value erty is determined to exceed that amount of the specific laws that allow exemption.    The specific laws that allow exemption  |
| e amoux-exernder a pur exernder 1:  . White properties are propert | nunt of any applicable status mpt retirement funds—may law that limits the exemption mption would be limited to Identify the Property You of the set of exemptions are you of You are claiming state and fed You are claiming federal exemptions any property you list on Schedule of description of the property are on Schedule A/B that lists this perty  | tory limit. Some exemply be unlimited in dollar on to a particular dollar on the applicable statuto. Claim as Exempt  Italiaming? Check one only, exemptions. 11 U.S.C. § 522(b) tule A/B that you claim as the current value of the portion you own  Copy the value from Schedule A/B   | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  Apptions. 11 U.S.C. § 522(b)(3)  (2)  exempt, fill in the information below.  Amount of the exemption you claim  Check only one box for each exemption.   | Is, rights to receive certain benefits, an exemption of 100% of fair market value erty is determined to exceed that amount of the specific laws that allow exemption.    Table 100   Table |
| Briedesch  | nunt of any applicable status mpt retirement funds—may law that limits the exemption emption would be limited to Identify the Property You of the set of exemptions are you of You are claiming state and fed You are claiming federal exemptions any property you list on Schedule of description of the property are on Schedule A/B that lists this sperty  for cription: Saturn Vue, 2010  from ledule A/B:  03  | tory limit. Some exemply be unlimited in dollar on to a particular dollar on the applicable statuto the applicable statuto. Claim as Exempt  Italiaming? Check one only, eleral nonbankruptcy exemptions. 11 U.S.C. § 522(b) tule A/B that you claim as and Current value of the portion you own  Copy the value from Schedule A/B  \$4,525.00 | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  Inptions. 11 U.S.C. § 522(b)(3)  Inptions. 11 U.S.C. § 522(b)(3)  Example of the exemption below.  Amount of the exemption you claim  Check only one box for each exemption.  In the information below.  \$0  \$0  \$0  \$100% of fair market value, up to a applicable statutory limit | Is, rights to receive certain benefits, an exemption of 100% of fair market value erty is determined to exceed that amount of the specific laws that allow exemption.    Table 100   Table |
| Briedesch  | nunt of any applicable status mpt retirement funds—may law that limits the exemption mption would be limited to Identify the Property You ( ch set of exemptions are you c You are claiming state and fed You are claiming federal exem any property you list on Schedul of description of the property are on Schedule A/B that lists this perty  foription: Saturn Vue, 2010 efform edule A/B: 03  | tory limit. Some exemply be unlimited in dollar on to a particular dollar on the applicable statuto. Claim as Exempt  Italiaming? Check one only, everal nonbankruptcy exemptions. 11 U.S.C. § 522(b) the A/B that you claim as the current value of the portion you own  Copy the value from Schedule A/B                                     | amount. However, if you claim an ear amount and the value of the property amount.  Even if your spouse is filing with you.  Apptions. 11 U.S.C. § 522(b)(3)  (2)  exempt, fill in the information below.  Amount of the exemption you claim  Check only one box for each exemption.   | Specific laws that allow exemption  735 ILCS 5/12-1001(b)  |

☐ No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 21 of 70

Kelley Debtor 1 Monique Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B 735 ILCS 5/12-1001(g)(1); 735 ILCS Brief \$3,145.00 description: 5/12-1001(b) **✓** \$2,010.00; \$1,135.00 Federal, 2016 Tax 100% of fair market value, up to any Refund applicable statutory limit Line from Schedule A/B: 28 735 ILCS 5/12-1001(a) Brief \$450.00 description: **✓** \$450.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 11 735 ILCS 5/12-1001(b) Brief \$75.00 description: \$75.00 Misc Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) \$1,000.00 description: **✓** \$1,000.00 **Used Electronics** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B:

\$175.00

100% of fair market value, up to any

applicable statutory limit

\$175.00

Brief

description:

Line from Schedule A/B:

Chase

Checking account,

17

735 ILCS 5/12-1001(b)

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 22 of 70

|                                |  | DC                         | ocument Page 22 of   | 70  |   |                                    |
|--------------------------------|--|----------------------------|--|---|---|------------------------------------|
| Fill in this inf               | ormation to identify your ca                       | se:                        |  |   |   |                                    |
| Debtor 1                       | Monique<br>First Name                              | Middle Name                | Kelley<br>Last Name  |   |   |                                    |
| Debtor 2<br>(Spouse, if filing |  | Middle Name                | Last Name  |   |   |                                    |
|                                | T not reamo  |                            |  |   |   |                                    |
| United States                  | s Bankruptcy Court for the:                        | Northern                   | District of Illinois(State)  |   |   |                                    |
| Case numbe                     | er   |                            | <u> </u>   |   |   |                                    |
|                                | Form 106D  |                            |  |   |   | Check if this is an amended filing |
| Sched                          | ule D: Credito                                     | ors Who Ha                 | ve Claims Secure   | ed by Prop  | ertv  | 12/15                              |
| more space                     | -  |                            | e are filing together, both are equ<br>nber the entries, and attach it to t                                    | •   |   |                                    |
| •                              | creditors have claims se                           |                            | •  |   |   |                                    |
|                                |  |                            | with your other schedules. You hav   | e nothing else to repo  | ort on this form.                                     |                                    |
| <b>✓</b> Ye                    | s. Fill in all of the information                  | n below.                   |  |   |   |                                    |
| Part 1: Lis                    | st All Secured Claims                              |                            |  |   |   |                                    |
| separa                         | t 2. As much as possible, list                     | nan one creditor has a par | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
|                                | AL ONE AUTO FINAN                                  | Describe the property      | that secures the claim:  | \$11,370.00   | \$4,525.00  | \$6,845.00                         |
|                                | or's Name<br><b>DALLAS PKWY</b>                    | 062 Automobile             |  |   |   |                                    |
| Nu                             | mber Street  | As of the date you file    | , the claim is: Check all that apply.  |   |   |                                    |
|                                |  | Contingent                 |  |   |   |                                    |
| PLAN                           |  | Unliquidated               |  |   |   |                                    |
| City<br>Who                    | State ZIP Code<br>owes the debt? Check one.        | Disputed                   |  |   |   |                                    |
| <b>✓</b> D                     | ebtor 1 only                                       | Nature of lien. Check      | all that apply.  |   |   |                                    |
|                                | ebtor 2 only<br>bebtor 1 and Debtor 2 only         | An agreement you car loan) | made (such as mortgage or secured  |   |   |                                    |
|                                | t least one of the debtors                         | Statutory lien (such       | as tax lien, mechanic's lien)  |   |   |                                    |
| a a                            | nd another   | Judgment lien fron         | n a lawsuit  |   |   |                                    |
|                                | check if this claim relates<br>to a community debt | Other (including a r       | - · · · · · · · · · · · · · · · · · · ·  |   |   |                                    |
| Date                           | debt was 10/1/2014                                 | Last 4 digits of accou     | nt number1001  |   |   |                                    |

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$11,370.00

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 23 of 70

| Fill i                                 | n this inforr   | mation to identify your o  | case:  |   |  |  |
|--|---|--|--|---|--|--|
| Deb                                    | tor 1   | Monique  | Martin No.   | Kelley  | _  |  |
| D . I.                                 | 10  | First Name   | Middle Name  | Last Name   |  |  |
|  | tor 2<br>use, if filing)  | First Name   | Middle Name  | Last Name   | _  |  |
| Unit                                   | ed States B   | ankruptcy Court for the:   | Northern   | District of Illinois (State)  | _  |  |
| Cas<br>(If knd                         | e number<br>own)  |  |  |   |  |  |
| Off                                    | ficial Fo   | orm 106E/F   |  |   |  | Check if this is an amended filing   |
|  |   |  | editors Who  | Have Unsec  | ured Claims  | 12/15  |
| othe<br>Form<br>clain<br>the e<br>knov | r party to a<br>n 106A/B) a<br>ns that are<br>entries in th<br>vn). | any executory contract<br>and on Schedule G: Exe<br>Ilisted in Schedule D: (<br>he boxes on the left. At | s or unexpired leases that<br>ecutory Contracts and Une<br>Creditors Who Hold Claims | could result in a claim. Alexpired Leases (Official For<br>Secured by Property. If me | so list executory contracts<br>m 106G). Do not include an<br>ore space is needed, copy t | n NONPRIORITY claims. List the on Schedule A/B: Property (Official by creditors with partially secured the Part you need, fill it out, number rite your name and case number (if |
| 1.                                     | Do any cr   | editors have priority u  | nsecured claims against y  | ou?   |  |  |
|  | ✓ No. G   |  |  |   |  |  |
|  |   | Go to Part 2.  |  |   |  |  |
|  | Yes.  | Go to Part 2.  |  |   |  |  |

Total

claim

Priority

amount

Nonpriority

amount

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 24 of 70

Kellev Debtor 1 Monique Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Avant \$100.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 222 N Lasalle St Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? Yes AVANT INC 4.2 \$1,142.00 Last 4 digits of account number Nonpriority Creditor's Name 640 N. LASALLE ST. SUITE 545 When was the debt incurred? 11/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent CHICAGO Illinois 60654 Unliquidated State Zip Code City Disputed Who incurred the debt? Check one. Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ 048 InstallmentLoan Is the claim subject to offset? **✓** No Yes **BRCLYSBANKDE** \$3,629.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 7/1/2015 PO BOX 26182 Number As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON Delaware 19899 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? No Yes

## Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 25 of 70

Debtor 1 Monique Kelley Case number (if known)
First Name Middle Name Last Name

| After listing any entries on this page, number them beginning  | ng with 4.5, followed by 4.6, and so forth.  | Total claim |
|--|--|-------------|
| A CAPITAL ONE  Nonpriority Creditor's Name  P O Box 30253  Number Street   | Last 4 digits of account number 3718 When was the debt incurred? 1/1/2002 As of the date you file, the claim is: Check all that apply.   | \$2,619.00  |
| Salt Lake City Utah 84130 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  No  Yes | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard |             |
| .5 CB/DOTS Nonpriority Creditor's Name PO Box 182273 Number Street   | Last 4 digits of account number 8062  When was the debt incurred? 4/1/2013  As of the date you file, the claim is: Check all that apply.   | \$43.00     |
| Columbus Ohio 43218 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts                              |             |
| Is the claim subject to offset?  No Yes  | Other. Specify CreditCard  |             |
| .6 CB/ROOMPLC Nonpriority Creditor's Name 4653 E MAIN ST Number Street   | Last 4 digits of account number 9256 When was the debt incurred? 9/1/2015  As of the date you file, the claim is: Check all that apply.  Contingent  | \$1,406.00  |
| COLUMBUS Ohio 43251 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?                     | Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify                  |             |

## Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 26 of 70

| Part 2 |  | <u> </u>   | Total claim |
|--------|--|--|-------------|
| 4.7    | After listing any entries on this page, number them beginning DEPT OF ED/NAVIENT Nonpriority Creditor's Name PO BOX 9635 Number Street   | Last 4 digits of account number 0217 When was the debt incurred? 2/1/2005  As of the date you file, the claim is: Check all that apply.  | \$1,735.00  |
|        | WILKES BARRE Pennsylvania 18773 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify           |             |
| 4.8    | FST PREMIER Nonpriority Creditor's Name 3820 N LOUISE AVE Number Street  | Last 4 digits of account number 1303 When was the debt incurred? 12/1/2015  As of the date you file, the claim is: Check all that apply.   | \$913.00    |
|        | SIOUX FALLS City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  Yes                               | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard |             |
| 4.9    | Illinois Lending Nonpriority Creditor's Name 408 N. Wells Number Street  | Last 4 digits of account number  When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply.  Contingent   | \$100.00    |
|        | Chicago Illinois 60610 City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes        | Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Unsecured   |             |

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 27 of 70

Kellev Debtor 1 Monique Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 \$776.00 Last 4 digits of account number Nonpriority Creditor's Name POB 9201 When was the debt incurred? 10/1/2015 Street Number As of the date you file, the claim is: Check all that apply. Contingent **OLD BETHPAGE** New York 11804 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.11 NATIONAL DEBT RELIEF, LLC \$5.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11 Broadway Ste 1600 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 10004 New York New York City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes 4.12 Navient \$3,041.00 0121 Last 4 digits of account number Nonpriority Creditor's Name 1002 ARTHUR DR When was the debt incurred? 1/1/2003 Number As of the date you file, the claim is: Check all that apply. Contingent LYNN HAVEN 32444 Florida Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **✓** No

Yes

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 28 of 70

Kellev Debtor 1 Monique Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Navient \$3,041.00 Last 4 digits of account number 0724 Nonpriority Creditor's Name 1002 ARTHUR DR When was the debt incurred? 7/1/2003 Number As of the date you file, the claim is: Check all that apply. Contingent LYNN HAVEN Florida 32444 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes 4.14 ONEMAIN \$4,759.00 Last 4 digits of account number 9495 Nonpriority Creditor's Name 601 Nw 2nd St When was the debt incurred? 6/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent Indiana 47708 Evansville Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ 48 InstallmentLoan Is the claim subject to offset? **✓** No Yes ONEMAIN 4.15 \$4,759.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 601 Nw 2nd St When was the debt incurred? 6/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent 47708 Evansville Indiana Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ 048 InstallmentLoan Is the claim subject to offset?

No Yes

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 29 of 70

Kellev Debtor 1 Monique Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 SPOT ON LOANS \$100.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Po Box 927 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60078 Palatine Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes 4.17 SYNCB/JCP \$41.00 9378 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name When was the debt incurred? 8/1/2010 PO BOX 965007 Number As of the date you file, the claim is: Check all that apply. Contingent 32896 Orlando Florida Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **✓** No Yes SYNCB/TJX 4.18 \$350.00 Last 4 digits of account number 0658 Nonpriority Creditor's Name PO BOX 965015 When was the debt incurred? 8/1/2012 Number As of the date you file, the claim is: Check all that apply. Contingent ORLANDO 32896 Florida Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_\_\_\_ CreditCard Is the claim subject to offset? **✓** No

Yes

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 30 of 70

Kellev Debtor 1 Monique Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 SYNCB/TJX COS \$393.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 965005 When was the debt incurred? 8/1/2012 Number As of the date you file, the claim is: Check all that apply. Contingent **ORLANDO** Florida 32896 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.20 SYNCB/WALMAR \$1,180.00 Last 4 digits of account number 4490 Nonpriority Creditor's Name PO BOX 965024 When was the debt incurred? 11/1/2008 Number Street As of the date you file, the claim is: Check all that apply. Contingent **EL PASO** Texas 79998 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes SYNCB/WALMART 4.21 \$1,074.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 981400 When was the debt incurred? 11/1/2008 Number As of the date you file, the claim is: Check all that apply. Contingent EL PASO 79998 Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No

Yes

### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 31 of 70

Debtor 1 Monique Kelley \_\_ Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 \$1,463.00 Last 4 digits of account number \_ Nonpriority Creditor's Name P.O. Box 660170 When was the debt incurred? 4/1/2009 Number Street As of the date you file, the claim is: Check all that apply. Contingent Dallas 75266 Texas Unliquidated State City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Other. Specify \_\_\_\_ Is the claim subject to offset? **✓** No Yes

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 32 of 70

Debtor 1 Monique Kelley Case number (if known)
First Name Middle Name Last Name

| FIISLINA                 | ine ividue name Last name   |         |                      |       |
|--------------------------|---|---------|----------------------|-------|
| Part 4: Add t            | he Amounts for Each Type of Unsecured Claim   |         |                      |       |
|                          | amounts of certain types of unsecured claims. This information is mounts for each type of unsecured claim.  | s for s | tatistical reporting | purpo |
|                          |   |         | Total claims         |       |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00               |       |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00               |       |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00               |       |
|                          | 6d. Other. Add all other priority unsecured claims. Write that  | 6d.     | \$0.00               |       |
|                          | amount here.  6e. Total. Add lines 6a through 6d.   | 6e.     | \$0.00               |       |
|                          | oc. Total. Add illies of through od.  |         |                      |       |
|                          |   |         | Total claims         |       |
| Total claims from Part 2 | 6f. Student loans   | 6f.     | \$7,817.00           |       |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.     | \$0.00               |       |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.     | \$0.00               |       |
|                          | Other. Add all other nonpriority unsecured claims. Write that amount here.                                  | 6i.     | \$24,852.00          |       |
|                          | 6i Total Add lines of through 6i  | 6i      | \$32,669.00          |       |

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 33 of 70

| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Monique                   | Kelley      |                              |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States E                                 | Sankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (                            |  |  |  |  |

### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or compa                         | any with whom you have | the contract or lease | State what the contract or lease is for                   |
|-----|---|------------------------|-----------------------|---|
| 2.1 | Pangea Properties Name 640 N LaSalle St |                        | _                     | Residential Lease,<br>Debtor is Lessee,<br>One year lease |
|     | Number                                  | Street                 |                       |   |
|     | Chicago                                 | Illinois               | 60654                 |   |
|     | City                                    | State                  | Zip Code              |   |

### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 34 of 70

|                                 |                                | D0  | cument i              | age 54       | 01 70   |
|---------------------------------|--------------------------------|---|-----------------------|--------------|---|
| Fill in this info               | rmation to identify your o     | ase:  |                       |              |   |
| Debtor 1                        | Monique<br>First Name          | Middle Name   | Kelley<br>Last Name   |              | _   |
| Debtor 2<br>(Spouse, if filing) | First Name                     | Middle Name   | Last Name             |              | _   |
| United States                   | Bankruptcy Court for the:      | Northern  | District of Illinois  |              |   |
|                                 | Bankiuptcy Court for the.      | Northern  | (State)               |              | -   |
| Case number (If known)          |                                |   |                       |              | -   |
|                                 |                                |   |                       |              | Check if this is an   |
| Ott: 0: 01                      | Tawa 10011                     |   |                       |              | amended filing  |
| Official                        | Form 106H                      |   |                       |              |   |
| Schedul                         | e H: Your Cod                  | lebtors   |                       |              | 12/15   |
| 1. Do you ha                    |                                | ou are filing a joint case, do                          | ·                     |              |   |
| Idaho, Lo                       | uisiana, Nevada, New Mex       | lived in a community pro<br>kico, Puerto Rico, Texas, W |                       | - 1          | munity property states and territories include Arizona, California, |
|                                 | Go to line 3.                  |   |                       | # #: O       |   |
|                                 | . Dia your spouse, iorme<br>No | er spouse, or legal equiva                              | ient live with you at | rie ume?     |   |
|                                 | -                              | y state or territory did you                            | ı live?               | Fil          | I in the name and current address of that person.                   |
|                                 | Name of your spouse, f         | ormer spouse, or legal equ                              | ivalent               |              |   |
|                                 | Number Street                  |   |                       |              |   |
|                                 | City                           | State   | Zi                    | p Code       |   |
| 3. In Colum                     | n 1, list all of your codel    | otors. Do not include you                               | r spouse as a codel   | otor if your | spouse is filing with you. List the person shown in line 2          |

again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D),

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 35 of 70

|  |  |  | oamone                          | . ago o           | 3 01 1 0          |  |             |
|--|--|--|---------------------------------|-------------------|-------------------|--|-------------|
| Fill in this information                         | to identify yo                                     | our case:  |                                 |                   |                   |  |             |
| Debtor 1 Monique                                 | )  |  | Kelley                          |                   |                   |  |             |
| First Nar  |  | Middle Name  | Last N                          | ame               |                   | heck if this is:   |             |
| Debtor 2   |  | NA'-L-III- NI  | 1                               |                   | _   -             | An amended filing  |             |
| (Spouse, if filing) First Nar                    | ne   | Middle Name  | Last N                          | ame               |                   | _ `  | n chanter 1 |
| United States Bankrupto<br>the:<br>Case number   | cy Court for                                       | Northern   | _ District of Illi<br>(S        | inois<br>State)   | -   -             | A supplement showing post-petitic expenses as of the following date:                                     |             |
| (If known)                                       |  |  |                                 |                   | <del></del>       | MM / DD / YYYY   |             |
| Official Form                                    | 1061   |  |                                 |                   |                   |  |             |
| Schedule I: Y                                    | our Inc  | ome  |                                 |                   |                   |  | 12/1        |
| information about you                            | ir spouse. If y<br>e is needed, a<br>nswer every o | ou are separated and ttach a separate she            | d your spous                    | se is not filin   | g with you, d     | our spouse is living with you, inc<br>o not include information about<br>litional pages, write your name | t your      |
| Fill in your employn information.                | nent   |  | Debtor 1                        |                   |                   | Debtor 2   |             |
|  |  | Employment status                                    | <b>✓</b> Emplo                  | yed               |                   | Employed   |             |
| If you have more that attach a separate pag      | •  |  |                                 | nployed           |                   | Not Employed   |             |
| information about ad employers.                  | . •  |  |                                 | ssistant          |                   |  |             |
| Include part time, sea self-employed work.       | sonal, or  | Employer's name                                      | Access Community Health Network |                   | h Network         |  |             |
| Occupation may inclu                             |  | Employer's address                                   | 600 W. Fulton                   |                   |                   |  |             |
| or homemaker, if it ap                           |  |  | Number Street                   |                   |                   | Number Street  |             |
|  |  |  | Suite 200                       |                   |                   |  |             |
|  |  |  |                                 |                   |                   |  |             |
|  |  |  | Chicago<br>City                 | Illinois<br>State | 60661<br>Zip Code | City Chata 7   | in Code     |
|  |  |  | 11 years                        | State             | Zip Code          | City State Zi  | ip Code     |
|  |  | low long employed<br>here?                           | 11 years                        |                   |                   |  |             |
| Dort C. Cive Detail                              |  |  |                                 |                   |                   |  |             |
| Part 2: Give Detail                              | S ADOUT IVIO                                       | nthly Income   |                                 |                   |                   |  |             |
| Estimate monthly incompose unless you are        |  | e date you file this form                            | <b>n.</b> If you have           | nothing to rep    | oort for any line | , write \$0 in the space. Include your   | non-filing  |
| If you or your non-filing more space, attach a s |  |  | combine the                     | information fo    | r all employers   | for that person on the lines below. If   | f you need  |
|  |  |  |                                 | Foi               | Debtor 1          | For Debtor 2 or non-filing spouse  |             |
|  |  | , and commissions (befo<br>alculate what the monthly |                                 | 2.                | \$2,670.70        |  |             |
| 3. Estimate and list                             | monthly overtir                                    | ne pay.  |                                 | 3.                | + \$0.00          |  |             |
| 4. Calculate gross income. Add line 2 + line 3.  |  |  |                                 | 4.                | \$2,670.70        |  |             |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 36 of 70

| Debtor 1Monique First Name Middle Name   | Kelley<br>Last Name  | Case number                | (if                               |                |  |
|--|----------------------|----------------------------|-----------------------------------|----------------|--|
| THE NAME OF THE PARTY OF THE PA | Last Name            | For Debtor 1               | For Debtor 2 or non-filing spouse |                |  |
| Copy line 4 here   | <b>→</b> 4.          | \$2,670.70                 |                                   |                |  |
| 5. List all payroll deductions:  |                      |                            |                                   |                |  |
| 5a. Tax, Medicare, and Social Security deductions  | 5a.                  | \$290.72                   |                                   |                |  |
| 5b. Mandatory contributions for retirement plans   | 5b.                  | \$0.00                     |                                   |                |  |
| 5c. Voluntary contributions for retirement plans   | 5c.                  | \$0.00                     |                                   |                |  |
| 5d. Required repayments of retirement fund loans   | 5d.                  | \$0.00                     |                                   |                |  |
| 5e. Insurance  | 5e.                  | \$120.53                   |                                   |                |  |
| 5f. Domestic support obligations   | 5f.                  | \$0.00                     |                                   |                |  |
| 5g. Union dues   | 5g.                  | \$0.00                     |                                   |                |  |
| 5h. Other deductions. Specify:   | 5h.                  | + \$0.00 +                 |                                   |                |  |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5h$ .   | e +5f + 5g 6.        | \$411.26                   |                                   |                |  |
| 7. Calculate total monthly take-home pay. Subtract line 6 from   | line 4. 7.           | \$2,259.44                 |                                   |                |  |
| 8. List all other income regularly received:   |                      |                            |                                   |                |  |
| 8a. Net income from rental property and from operating a business, profession, or farm   |                      |                            |                                   |                |  |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, the total monthly net income.  |                      | \$0.00                     |                                   |                |  |
| 8b. Interest and dividends   | 8b.                  | \$0.00                     |                                   |                |  |
| 8c. Family support payments that you, a non-filing spouse, dependent regularly receive   | or a                 |                            |                                   |                |  |
| Include alimony, spousal support, child support, maintenar divorce settlement, and property settlement.  | nce,<br>8c.          | \$0.00                     |                                   |                |  |
| 8d. Unemployment compensation  | 8d.                  | \$0.00                     |                                   |                |  |
| 8e. Social Security  | 8e.                  | \$0.00                     |                                   |                |  |
| 8f. Other government assistance that you regularly received Include cash assistance and the value (if known) of any non cash assistance that you receive, such as food stamps (benunder the Supplemental Nutrition Assistance Program) or housing subsidies Specify:   | 1-                   | \$0.00                     |                                   |                |  |
| 8g. Pension or retirement income   | 8g.                  | \$0.00                     |                                   |                |  |
| 8h. Other monthly income. Specify: See attached  | 8h.                  |                            |                                   |                |  |
| 9. <b>Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8d  |                      | \$305.85                   |                                   |                |  |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filin   | 10.<br>g spouse      | \$2,565.29 +               | =                                 | \$2,565.29     |  |
| 11. State all other regular contributions to the expenses that<br>Include contributions from an unmarried partner, members of y<br>friends or relatives. Do not include any amounts already included in lines 2-10 or a  | our household, yo    | our dependents, your roomm |                                   |                |  |
| Specify:   |                      |                            | 11                                | . + \$0.00     |  |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  |                      |                            |                                   |                |  |
| 13. Do you expect an increase or decrease within the year after No.  Yes. Explain:   | ter you file this fo | orm?                       |                                   | monthly income |  |
| L. 165. Explain.   |                      |                            |                                   |                |  |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 37 of 70

| Debtor 1Monique            |                   | Kelley     |          | Case number (if     |
|----------------------------|-------------------|------------|----------|---------------------|
| First Name                 | Middle Name       | Last Nam   | пе       | known)              |
| Part 1: Describe Employmen | nt                |            |          |                     |
|                            | Debtor 1          |            |          | Debtor 2            |
| Employment status          | <b>✓</b> Employed |            |          | Employed            |
|                            | Not Employed      |            |          | Not Employed        |
| Occupation                 | Waitress          |            |          |                     |
| Employer's name            | Dell Management I | nc         |          |                     |
| Employer's address         | 2400 Broadway St  | ., Ste 400 |          |                     |
|                            | Number Street     |            |          | Number Street       |
|                            |                   |            |          |                     |
|                            | Beaumont          | Texas      | 77702    |                     |
|                            | City              | State      | Zip Code | City State Zip Code |
| How long employed there?   | 3 months          |            |          |                     |

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 38 of 70

Debtor 1 Monique Kelley Case number (if known)

Part 2: Give Details About Monthly Income

Official Form 106l. Additional page.

For Debtor 1 For Debtor 2 or non-filling spouse

8h.Other monthly income. Specify:

1. Dell Management Inc \$305.85

### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 39 of 70

|  |   | Docu  | ment Page 39 of 70   | )                       |   |
|--|---|---|--|-------------------------|---|
| Fill in this infor                                   | mation to identify  | your case:  |  |                         |   |
| Debtor 1   | Monique<br>First Name                                       | Middle Name   | Kelley<br>Last Name  | Check if this is:       |   |
| Debtor 2<br>(Spouse, if filing)                      | First Name  | Middle Name   | Last Name  | An amended fili         | ng  |
|  | Bankruptcy Court fo   |   | District of Illinois (State)                                 |                         | howing post-petition chapter 13 the following date: |
| Case number (If known)                               |   |   |  | MM / DD / YYY           | <del>/</del>  |
|  | Form 106  |   |  |                         | 12/1:   |
| Be as complete<br>information. If<br>(if known). Ans | e and accurate as<br>more space is ne<br>wer every question | s possible. If two married people ar<br>eded, attach another sheet to this<br>on. |  |                         | plying correct                                      |
| 1. Is this a joi                                     | cribe Your Hou  | senoia  |  |                         |   |
| No. Go   | to line 2   | in a separate household?  |  |                         |   |
|  | No  | •   |  |                         |   |
| L  | _   | nust file Official Forms 106J-2, <i>Expen</i>                                     | uses for Separate Household of Debi                          | or 2                    |   |
| 2. Do you hav  | e dependents?   | □ No  | oco for copulate from the control of 200.                    | o                       |   |
| Do not list D<br>Debtor 2.                           | •   | Yes. Fill out this information for each dependent                                 | Dependent's relationship to<br>Debtor 1 or Debtor 2<br>Child | Dependent's age 9 years | Does dependent live with you?                       |
|  |   |   |  |                         | ✓ Yes.  |
|  | -   | ✓ No<br>Yes   |  |                         |   |
|  |   | oing Monthly Expenses   |  |                         |   |
| _  | of a date after the   | our bankruptcy filing date unless y<br>bankruptcy is filed. If this is a sup      |  | •                       | •   |
|  |   | non-cash government assistance in uded it on Schedule I: Your Income              |  |                         | Your expenses                                       |
|  | or home owners  | hip expenses for your residence. In<br>t. 4.                                      | clude first mortgage payments and                            |                         | <b>\$715.00</b>                                     |
| If not incl  | uded in line 4:   |   |  |                         |   |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 40 of 70

Debtor 1 Monique Kelley Case number (if known)
First Name Middle Name Last Name

| First Name whome Name Last Name   |     |               |
|---|-----|---------------|
|   |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.  | \$0.00        |
| 6. Utilities:   |     |               |
| 6a. Electricity, heat, natural gas  | 6a. | \$130.00      |
| 6b. Water, sewer, garbage collection  | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. | \$150.00      |
| 6d. Other. Specify:   | 6d  | \$0.00        |
| 7. Food and housekeeping supplies   | 7.  | \$450.00      |
| 8. Childcare and children's education costs   | 8.  | \$5.00        |
| 9. Clothing, laundry, and dry cleaning  | 9.  | \$200.00      |
| 10. Personal care products and services   | 10. | \$195.00      |
| 11. Medical and dental expenses   | 11. | \$50.00       |
| <ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments</li> </ol>                       | 12. | \$250.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13. | \$0.00        |
| 14. Charitable contributions and religious donations  | 14. | \$0.00        |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  |     |               |
| 15a. Life insurance   | 15a | \$0.00        |
| 15b. Health insurance   | 15b | \$0.00        |
| 15c. Vehicle insurance  | 15c | \$67.00       |
| 15d. Other insurance. Specify:  | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   |     |               |
| Specify:  | 16  | \$0.00        |
| 17. Installment or lease payments:  | 10  |               |
| 17a. Car payments for Vehicle 1   | 17a | \$347.00      |
| 17b. Car payments for Vehicle 2   | 17b | \$0.00        |
| 17c. Other. Specify:  | 17c | \$0.00        |
| 17d. Other. Specify:  | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from   |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18. |               |
| 19.Other payments you make to support others who do not live with you.  Specify:  | 10  |               |
|   | 19. | \$0.00        |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property | 20a | \$0.00        |
| 20b. Real estate taxes.   | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.  | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues  |     | <del></del>   |
| 200. Homodifficial of docodiation of confidentificant dates   | 20e | \$0.00        |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 41 of 70

| Debtor 1 Monic        | •                        |                         | Kelley   | Case number (if known) |     |            |
|-----------------------|--------------------------|-------------------------|--|------------------------|-----|------------|
| First N               | Name                     | Middle Name             | Last Name  |                        |     |            |
| 21. <b>Other.</b> Spe | cify:                    |                         |  |                        | 21  | \$0.00     |
|                       |                          |                         |  |                        |     |            |
|                       | your monthly expenses    | S.                      |  |                        |     | \$2,559.00 |
|                       | nes 4 through 21.        |                         |  |                        |     | \$0.00     |
| , ,                   | ` , , ,                  | ,, ,,                   | from Official Form 106J-2                                    |                        |     | \$2,559.00 |
| 22c. Add lir          | ne 22a and 22b. The resi | ult is your monthly exp | enses.   |                        | 22. |            |
| 23. Calculate         | your monthly net incon   | ne.                     |  |                        |     |            |
| 23a. Copy             | line 12 (your combined r | monthly income) from S  | Schedule I.  |                        | 23a | \$2,565.29 |
| 23b. Copy             | your monthly expenses t  | from line 22 above.     |  |                        | 23b | \$2,559.00 |
| 23c. Subtra           | ct your monthly expense  | es from your monthly ir | icome.   |                        |     | \$6.29     |
| The re                | sult is your monthly net | income.                 |  |                        | 23c | <u></u> _  |
|                       |                          |                         | oan within the year or do yo<br>nodification to the terms of |                        |     |            |

### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 42 of 70

| Fill in this infor        | mation to identify your c | ase:        |                      |
|---------------------------|---------------------------|-------------|----------------------|
| Debtor 1                  | Monique                   |             | Kelley               |
|                           | First Name                | Middle Name | Last Name            |
| Debtor 2                  |                           |             |                      |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name            |
| United States E           | Bankruptcy Court for the: | Northern    | District of Illinois |
| Case number<br>(If known) |                           |             | (State)              |

#### Official Form 106Dec

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to                                    | help you fill out bankruptcy forms?   |
|     | ✓ No   |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and   |
| x   | /s/ Monique Kelley   | ×   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 2/21/2017   | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 43 of 70

| Fill in         | n this inf     | formation to id                 | entify your c   | ase:               |   |                    |            |          |                                   |
|-----------------|----------------|---------------------------------|-----------------|--------------------|---|--------------------|------------|----------|-----------------------------------|
| Debt            | tor 1          | Monique                         |                 |                    | Kelley  |                    |            |          |                                   |
| Debt            | tor 2          | First Name                      | •               | Middle             | Name Last N   | ame                |            |          |                                   |
|                 | use, if filing | First Name                      | )               | Middle             | Name Last N   | ame                | •          |          |                                   |
| Unite           | ed States      | s Bankruptcy C                  | Court for the:  | Northern           | District of III   | inois<br>State)    |            |          |                                   |
| Case<br>(If kno | e numbe        | er                              |                 |                    | (3  | state)             |            |          |                                   |
| Off             | ficia          | l Form                          | 107             |                    |   |                    |            |          | Check if this is a amended filing |
|                 |                |                                 |                 | l Affairs f        | or Individuals  | s Filing fo        | r Bankru   | ptcy     | 12/1                              |
| infor           | mation         |                                 | ce is neede     | d, attach a sep    | arried people are filin<br>arate sheet to this fo                             |                    |            |          |                                   |
| Part            | 1: Gi          | ve Details A                    | bout Your       | Marital Status     | and Where You Live  | ed Before          |            |          |                                   |
| 1.              | What           | is your currer                  | nt marital sta  | tus?               |   |                    |            |          |                                   |
|                 | Ш.             | Married<br>lot married          |                 |                    |   |                    |            |          |                                   |
| 2.              | During         | g the last 3 ye                 | ars, have yo    | u lived anywher    | e other than where you  | live now?          |            |          |                                   |
|                 | ✓ N            |                                 | he places yo    | u lived in the las | t 3 years. Do not includ  | e where you live   | now.       |          |                                   |
|                 | D              | ebtor 1:                        |                 |                    | Dates Debtor 1 lived there  | Debtor 2:          |            |          | Dates Debtor 2 lived there        |
|                 |                |                                 |                 |                    |   | Same a             | s Debtor 1 |          | Same as Debtor 1                  |
|                 | N<br>—         | lumber Street                   |                 |                    | From<br>To  | Number Str         | eet        |          | From<br>To                        |
|                 | C              | City                            | State           | Zip Code           |   | City               | State      | Zip Code |                                   |
|                 |                |                                 |                 |                    |   | Same a             | s Debtor 1 |          | Same as Debtor 1                  |
|                 | N<br>-         | lumber Street                   |                 |                    | From<br>To  | Number Str         | eet        |          | From<br>To                        |
|                 | c              | City                            | State           | Zip Code           |   | City               | State      | Zip Code |                                   |
|                 | and tem        | <i>itories</i> include <i>I</i> | Arizona, Califo | rnia, Idaho, Loui  | pouse or legal equivale<br>siana, Nevada, New Mexi<br>Codebtors (Official For | co, Puerto Rico, T |            |          | ommunity property states          |

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 44 of 70

Case number (if known)

Kelley

Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$5665.35 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$34890.24 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$30733.00 For the calendar year before that: commissions, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

Debtor 1 Monique

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 45 of 70

Kelley Debtor 1 Monique Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 46 of 70

| or 1                 | Monique                                |  |   | Ke  | lley   | Case number                                  | (if known)  |
|----------------------|--|--|---|---|--|--|---|
|                      | First Name                             |  | Middle Name   | Las                                       | st Name                                      |  |   |
| nsic<br>corp<br>ager | ders include your<br>orations of which | relatives; a<br>n you are a<br>for a busin | ny general partners<br>n officer, director, pess you operate as | s; relatives of any<br>person in control, | general partners; part<br>or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>             | No                                     |  |   |   |  |  |   |
| Ц                    | Yes. List all pay                      | ments to a                                 | an insider.   | Dates of payment                          | Total amount paid                            | Amount you still owe                         | Reason for this payment   |
|                      | Insider's Name                         |  |   |   |  |  |   |
|                      | Number Street                          |  |   |   |  |  |   |
| _                    | City                                   | State                                      | Zip Code  |   |  |  |   |
|                      | Insider's Name                         |  |   |   |  |  |   |
|                      | Number Street                          |  |   |   |  |  |   |
|                      | City                                   | State                                      | Zip Code  |   |  |  |   |
| <b>✓</b>             | ide payments on<br>No                  | _  | ranteed or cosigne  | •   | Total amount paid                            | Amount you still owe                         | Reason for this payment   |
|                      | Incidorlo Nomo                         |  |   |   |  |  | Include creditor's name   |
|                      | Insider's Name  Number Street          |  | _   |   |  |  |   |
|                      |  |  |   |   |  |  |   |
| _                    | City                                   | State                                      | Zip Code  |   |  |  |   |
|                      | Insider's Name                         |  |   |   |  |  |   |
|                      | Number Street                          |  |   |   |  |  |   |
|                      | City                                   | State                                      | Zip Code  |   |  |  |   |

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 47 of 70

Kellev Debtor 1 Monique Case number (if known) Middle Name First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

## Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 48 of 70

| Debt | tor 1 Monique   | Kelley                              | Case number (if known)                        |                     |
|------|---|-------------------------------------|---|---------------------|
|      | First Name Middle Name  | Last Name                           |   |                     |
| 11.  | Within 90 days before you filed for bankrupt accounts or refuse to make a payment beca    |                                     | ank or financial institution, set off any amo | unts from your      |
|      | ✓ No  Yes. Fill in the details.   |                                     |   |                     |
|      | _   | Describe the action the             | Date action was taken                         | Amount              |
|      | Creditor's Name   |                                     |   |                     |
|      | Number Street   |                                     |   |                     |
|      |   | Last 4 digits of account            | number: XXXX-                                 |                     |
|      | City State Zip Cod  |                                     |   |                     |
| 12.  | Within 1 year before you filed for bankruptcy appointed receiver, a custodian, or another |                                     | possession of an assignee for the benefit of  | creditors, a court- |
|      | ✓ No ✓ Yes  |                                     |   |                     |
| Part | 5: List Certain Gifts and Contributions   | :                                   |   |                     |
| 13.  | Within 2 years before you filed for bankrupt  | cy, did you give any gifts with a t | otal value of more than \$600 per person?     |                     |
|      | No Yes. Fill in the details for each gift.  |                                     |   |                     |
|      | Gifts with a total value of more than \$6 per person                                      | 00 Describe the gifts               | Dates you gave the gifts                      | Value               |
|      | Person to Whom You Gave the Gift  |                                     |   |                     |
|      |   |                                     |   |                     |
|      | Number Street   |                                     |   |                     |
|      | City State Zip Cod Person's relationship to you   | e ·                                 |   |                     |
|      |   |                                     |   |                     |
|      | Person to Whom You Gave the Gift  |                                     |   |                     |
|      | Number Street   |                                     |   |                     |
|      | City State Zip Cod  | e                                   |   |                     |
|      | Person's relationship to you  |                                     |   |                     |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 49 of 70

| btor 1   | Monique                             |                         | Kelley   | Case number (if know          | wn)                   |                    |
|----------|-------------------------------------|-------------------------|--|-------------------------------|-----------------------|--------------------|
|          | First Name                          | Middle Name             | Last Name  | <u> </u>                      | · ———                 |                    |
|          |                                     |                         |  |                               |                       |                    |
| Wit      | hin 2 years before you file         | d for bankruptcy, did   | you give any gifts or contrib                      | utions with a total value     | of more than \$600    | to any charity?    |
| <b>✓</b> | No                                  |                         |  |                               |                       |                    |
| Ħ        | Yes. Fill in the details for e      | each aift or contributi | on   |                               |                       |                    |
| ш        |                                     |                         |  |                               | _                     |                    |
|          | Gifts or contributions to           |                         | Describe what you cont                             | ributed                       | Date you              | Value              |
|          | that total more than \$60           | U                       |  |                               | contributed           |                    |
|          |                                     |                         | _  |                               |                       |                    |
|          | Charity's Name                      |                         |  |                               |                       |                    |
|          | -                                   |                         | -  |                               |                       |                    |
|          |                                     |                         | _  |                               |                       |                    |
|          | Number Street                       |                         |  |                               |                       |                    |
|          | 01-1-                               | 7'- 0- 1-               | -  |                               |                       |                    |
|          | City State                          | Zip Code                |  |                               |                       |                    |
| 6:       | List Certain Losses                 |                         |  |                               |                       |                    |
| _        |                                     |                         |  |                               |                       |                    |
| Wit      | hin 1 year before you filed         | for bankruptcy or sir   | nce you filed for bankruptcy,                      | did you lose anything be-     | cause of theft, fire, | other disaster, or |
|          | nbling?                             |                         |  |                               |                       |                    |
| <b>✓</b> | No                                  |                         |  |                               |                       |                    |
| 븯        |                                     |                         |  |                               |                       |                    |
| Ш        | Yes. Fill in the details.           |                         |  |                               |                       |                    |
|          | Describe the property yo            | u lost and              | Describe any insurance                             |                               | Date of your          | Value of property  |
|          | how the loss occurred               |                         | Include the amount that i pending insurance claims |                               | loss                  | lost               |
|          |                                     |                         | A/B: Property.                                     | on line 33 of <i>Schedule</i> |                       |                    |
|          |                                     |                         |  |                               |                       |                    |
|          |                                     |                         |  |                               |                       |                    |
| 7:       | List Certain Payments               | or Transfers            |  |                               |                       |                    |
|          | No                                  |                         |  |                               |                       |                    |
| <b>✓</b> | Yes. Fill in the details.           |                         |  |                               |                       |                    |
|          |                                     |                         | Description and value of                           | any property                  | Date payment          | Amount of          |
|          |                                     |                         | transferred  |                               | or transfer           | payment            |
|          |                                     |                         |  |                               | was made              |                    |
|          | Semrad Law Firm                     |                         | Attorney's Fee - 0.00                              |                               | 2/22/2017             | \$0.00             |
|          | Person Who Was Paid                 |                         |  |                               |                       |                    |
|          | 20 S. Clark Street                  |                         |  |                               |                       |                    |
|          | Number Street                       |                         |  |                               |                       |                    |
|          | 28th Floor                          |                         |  |                               |                       |                    |
|          | Chicago Illinois                    | 60603                   |  |                               |                       |                    |
|          | City State                          | Zip Code                |  |                               |                       |                    |
|          | F 9                                 |                         |  |                               |                       |                    |
|          | Email or website address None       |                         |  |                               |                       |                    |
|          | Person Who Made the Pay             | ment, if Not You        | •  |                               |                       |                    |
|          | and the same trays                  | .,                      |  |                               | _                     |                    |
|          | Person Who Was Paid                 |                         |  |                               |                       |                    |
|          | reison wito was Palo                |                         |  |                               |                       |                    |
|          | Number Street                       |                         |  |                               |                       |                    |
|          |                                     |                         |  |                               |                       |                    |
|          |                                     |                         |  |                               |                       |                    |
|          |                                     |                         |  |                               |                       |                    |
|          | City State                          | Zin Coda                |  |                               |                       |                    |
|          | City State                          | Zip Code                |  |                               |                       |                    |
|          | City State Email or website address | Zip Code                |  |                               |                       |                    |
|          |                                     | ·                       |  |                               |                       |                    |

## Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 50 of 70

| Debt |                    | Monique  |  | Kelley  | Case number (if known)      |                                       |                              |
|------|--------------------|--|--|---|-----------------------------|---------------------------------------|------------------------------|
|      |                    | First Name   | Middle Name  | Last Name                                       |                             |                                       |                              |
| 17.  | help               | nin 1 year before you filed<br>o you deal with your credin<br>not include any payment or | tors or to make payme                              |   | our behalf pay or transfer  | any property to any                   | one who promised to          |
|      | <b>✓</b>           | No   |  |   |                             |                                       |                              |
|      |                    | Yes. Fill in the details.  |  |   |                             |                                       |                              |
|      |                    |  |  | Description and value of a transferred          | ny property                 | Date A payment or transfer was made   | Amount of payment            |
|      |                    | Person Who Was Paid  |  |   |                             |                                       |                              |
|      |                    | Number Street  |  |   |                             |                                       |                              |
|      |                    | City State   | Zip Code   |   |                             |                                       |                              |
| 18.  | <b>the</b><br>Incl | ordinary course of your bu   | usiness or financial af<br>and transfers made as s | ecurity (such as the granting of a              |                             |                                       |                              |
|      | Ш                  | 163. I III II I II G GETAIIS.  |  |   |                             |                                       | _                            |
|      |                    |  |  | Description and value of a property transferred |                             | y property or<br>ceived or debts paic | Date<br>transfer was<br>made |
|      |                    | Person Who Received Trans  | nsfer  |   |                             |                                       |                              |
|      |                    | Number Street  |  |   |                             |                                       |                              |
|      |                    | City State<br>Person's relationship to yo  | Zip Code<br>u                                      |   |                             |                                       |                              |
|      |                    | Person Who Received Trans  | nsfer  |   |                             |                                       |                              |
|      |                    | Number Street  |  |   |                             |                                       |                              |
|      |                    | City State<br>Person's relationship to yo  | Zip Code<br>u                                      |   |                             |                                       |                              |
| 19.  | ben                | nin 10 years before you file<br>eficiary?<br>ese are often called asset-pro              |  | you transfer any property to a                  | a self-settled trust or sim | ilar device of which                  | you are a                    |
|      | <b>✓</b>           | No   |  |   |                             |                                       |                              |
|      |                    | Yes. Fill in the details.  |  |   |                             |                                       |                              |
|      |                    |  |  | Description and value of                        | the property transferred    |                                       | Date<br>transfer was<br>made |
|      |                    | Name of trust  |  |   |                             |                                       |                              |

### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 51 of 70

Debtor 1 Monique Kelley Case number (if known)

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| Part | o. L  | List Gertain i manciai Acci               | ounts, mou un     | ients, Sare Deposit Boxes, a       | ild Storage Offits                |  |                                  |  |  |
|------|---|---|-------------------|------------------------------------|-----------------------------------|--|----------------------------------|--|--|
| 20.  | <ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.</li> </ul> |   |                   |                                    |                                   |  |                                  |  |  |
|      |   | No<br>Yes. Fill in the details.           |                   |                                    |                                   |  |                                  |  |  |
|      | ш   |   |                   | Last 4 digits of account           | Type of account or                | Date   | Last balance                     |  |  |
|      |   |   |                   | number                             | instrument                        | account was<br>closed, sold,<br>moved, or<br>transferred | before<br>closing or<br>transfer |  |  |
|      |   | Person Who Was Paid                       |                   | XXXX-                              | Checking                          |  |                                  |  |  |
|      |   | Tologi, Timo Trae Fala                    |                   |                                    | Savings                           |  |                                  |  |  |
|      |   | Number Street                             | _                 |                                    | Money market                      |  |                                  |  |  |
|      |   | -   |                   |                                    | Brokerage                         |  |                                  |  |  |
|      |   |   |                   |                                    | Other                             |  |                                  |  |  |
|      | _   | City State                                | Zip Code          |                                    | <u> </u>                          |  |                                  |  |  |
|      |   | Person Who Was Paid                       |                   | XXXX-                              | Checking                          |  |                                  |  |  |
|      |   | 1 GIGGIT WITH WAS I AIG                   |                   |                                    | Savings                           |  |                                  |  |  |
|      |   | Number Street                             |                   |                                    | Money market                      |  |                                  |  |  |
|      |   |   |                   |                                    | Brokerage                         |  |                                  |  |  |
|      |   |   |                   |                                    | Other                             |  |                                  |  |  |
|      |   | City State                                | Zip Code          |                                    | <u> </u>                          |  |                                  |  |  |
| 21.  |   | valuables?  No  Yes. Fill in the details. | within I year be  | efore you filed for bankruptcy, ar | ry sale deposit box of other dep  | ository for securi                                       | ties, casii, oi                  |  |  |
|      |   |   |                   | Who else had access to it?         | Describe the conten               | its  | Do you still have it?            |  |  |
|      |   | Name of Financial Institution             |                   | Name                               |                                   |  | No No                            |  |  |
|      |   | Number Street                             |                   | Number Street                      |                                   |  | Yes                              |  |  |
|      |   |   |                   | City State Zip C                   | Code                              |  |                                  |  |  |
|      |   | City State                                | Zip Code          |                                    |                                   |  |                                  |  |  |
| 22.  | Hav   | e vou stored property in a stor           | rage unit or plac | ce other than your home within 1   | I vear before you filed for bankr | untev?   |                                  |  |  |
|      |   |   | ago anni or pras  |                                    | . ,                               | -p,-   |                                  |  |  |
|      | ⊻   | No  |                   |                                    |                                   |  |                                  |  |  |
|      | Ш   | Yes. Fill in the details.                 |                   |                                    |                                   |  |                                  |  |  |
|      |   |   |                   | Who else had access to it?         | Describe the conten               | its  | Do you still have it?            |  |  |
|      |   |   |                   |                                    |                                   |  |                                  |  |  |
|      |   | Name of Storage Facility                  |                   | Name                               |                                   |  | No                               |  |  |
|      |   | Number Street                             |                   | Number Street                      |                                   |  | Yes                              |  |  |
|      |   |   |                   | City State Zip C                   | Dode Code                         |  |                                  |  |  |
|      |   | City State                                | Zin Codo          | ,                                  |                                   |  |                                  |  |  |
|      |   | City State                                | Zip Code          |                                    |                                   |  |                                  |  |  |

#### Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 52 of 70

Kellev Debtor 1 Monique Case number (if known) Middle Name First Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 53 of 70

| Deb |      | Monique                            |   |  | Kelley   | Case  | number (if) | known)                         |               |                    |
|-----|------|------------------------------------|---|--|--|---|-------------|--------------------------------|---------------|--------------------|
|     |      | First Name                         | M   | liddle Name  | Last Name  |   |             |                                |               |                    |
| 26. |      |                                    | / in any judicia  | al or administra   | ntive proceeding unde  | r any environment                                       | al law? Ind | clude settlemei                | nts and order | S.                 |
|     |      | No<br>Yes. Fill in the det         | ails.   |  |  |   |             |                                |               |                    |
|     |      | Occasion little                    |   | C  | Court or agency  |   | Nature o    | f the case                     |               | Status of the case |
|     |      | Case title                         |   |  | Court Name   |   |             |                                |               | Pending            |
|     |      | Case number                        |   | <u> </u>   | NumberStreet   |   |             |                                |               | On appeal          |
|     |      |                                    |   | ō  | Dity State   | Zip Code  |             |                                |               | Concluded          |
| Par | 11:  | Give Details Ab                    | out Your Bu   | siness or Co   | nnections to Any B   | usiness   |             |                                |               |                    |
| 27. | Witl | A sole propri                      | etor or self-em<br>a limited liabil<br>a partnership<br>rector, or man<br>at least 5% of<br>bove applies. | aployed in a trace<br>ity company (Li<br>aging executive<br>the voting or ed<br>Go to Part 12. | you own a business of<br>de, profession, or other<br>LC) or limited liability posterior<br>e of a corporation<br>quity securities of a conditional<br>details below for each | er activity, either fu<br>artnership (LLP)<br>rporation | _           |                                | iny business? |                    |
|     | _    |                                    |   |  | Describe the nat   | ture of the busines                                     | ss          | Employer Idei<br>include Socia |               |                    |
|     |      | Business Name  Number Street  City | State   | Zip Code   | Name of accoun   | tant or bookkeepe                                       | PF          | Dates busines From             |               |                    |
|     |      |                                    |   |  | Describe the nat   | ture of the busines                                     | es .        | Employer Idei                  |               |                    |
|     |      | Business Name                      |   |  | _  |   |             | EIN:                           |               |                    |
|     |      | Number Street                      |   |  | Name of accoun   | tant or bookkeepe                                       | er          | Dates busines                  | ss existed    |                    |
|     |      | City                               | State   | Zip Code   | _  |   |             | From                           | To            |                    |
|     |      |                                    |   |  | Describe the nat   | ture of the busines                                     | ss          | Employer Idei                  |               |                    |
|     |      | Business Name                      |   |  | _  |   |             | EIN:                           |               |                    |
|     |      | Number Street                      |   |  | Name of accoun   | tant or bookkeepe                                       | er          | Dates busines                  | ss existed    |                    |
|     |      | City                               | State   | Zip Code   | _  |   |             | From                           | To            |                    |
|     |      |                                    |   |  |  |   |             |                                |               |                    |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 54 of 70

| Debt | otor 1 Monique  | Kelley                            | Case number (if known)   |
|------|---|-----------------------------------|--|
|      | First Name Middle Name  | Last Name                         |  |
| 28.  | Within 2 years before you filed for bankruptcy, di creditors, or other parties.  No Yes. Fill in the details below. | d you give a financial stateme    | ent to anyone about your business? Include all financial institutions,   |
|      | _   | Date issued                       |  |
|      |   |                                   |  |
|      | Name  | MM/DD/YYYY                        |  |
|      | N. arker Obert  | <u></u>                           |  |
|      | Number Street   |                                   |  |
|      | City State Zip Code   |                                   |  |
|      |   |                                   |  |
| Part | t 12: Sign Below  |                                   |  |
| t    | true and correct. I understand that making a false a bankruptcy case can result in fines up to \$250,0              | statement, concealing prope       | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | /s/ Monique Kelley  |                                   |  |
|      | Signature of Debtor 1   |                                   | Signature of Debtor 2  |
|      | Date 2/21/2017  |                                   | Date   |
| _    | Did way attack additional pages to Vavy Statemen  | t of Financial Affaira for Indivi | duals Filing for Books into (Official Form 107)?   |
| -    | Did you attach additional pages to Your Statemen  | t of Financial Allairs for Indivi | duals Filling for Bankruptcy (Official Form 107)?  |
| E    | ✓ No  |                                   |  |
|      | Yes   |                                   |  |
|      | Did you pay or agree to pay someone who is not as   | n attorney to help you fill out l | pankruptcy forms?  |
|      | <b>✓</b> No   |                                   |  |
|      | Yes. Name of person   |                                   | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  |

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 55 of 70

| Fill in this information to identify your case: |                           |             |                              |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|
| Debtor 1  | Monique                   |             | Kelley                       |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |
| Case number (If known)                          |                           |             |                              |  |  |  |

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Did you claim the property Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: CAPITAL ONE AUTO FINAN Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: 062 Automobile Retain the property and [explain]: Surrender the property. Creditor's No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

## Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 56 of 70

| Debto   | r Monique  |                           | Kelley                   | Case number (if   |  |
|---------|--|---------------------------|--------------------------|---|--|
| 1       | First Name   | Middle Name               | Last Name                | known)  |  |
| Part 2: | List Your Unexpire                                   | ed Personal Property Leas | es                       |   |  |
| informa | ation below. Do not lis                              |                           | l leases are leases that | y Contracts and Unexpired Leases (Official Form 106G), fill in the<br>are still in effect; the lease period has not yet ended. You may<br>U.S.C. § 365(p)(2). |  |
| De      | escribe your unexpired                               | personal property leases  |                          | Will the lease be assumed?  |  |
| Le      | ssor's name:   |                           |                          | No Yes  |  |
|         | escription of leased operty:                         |                           |                          |   |  |
| Le      | ssor's name:   |                           |                          | No Yes  |  |
|         | escription of leased operty:                         |                           |                          |   |  |
| Le      | ssor's name:   |                           |                          | □ No □ Yes  |  |
|         | escription of leased operty:                         |                           |                          |   |  |
| Le      | ssor's name:   |                           |                          | □ No □ Yes  |  |
|         | escription of leased operty:                         |                           |                          | <del>_</del>  |  |
| Le      | ssor's name:   |                           |                          | □ No □ Yes  |  |
|         | escription of leased operty:                         |                           |                          | <del>_</del>  |  |
| Le      | ssor's name:   |                           |                          | □ No □ Yes  |  |
|         | escription of leased operty:                         |                           |                          | <del>_</del>  |  |
| Le      | ssor's name:   |                           |                          | □ No<br>□ Yes   |  |
|         | escription of leased operty:                         |                           |                          | _   |  |
| Part 3: | Sign Below   |                           |                          |   |  |
|         | er penalty of perjury, I<br>perty that is subject to |                           | my intention about any   | property of my estate that secures a debt and any personal  |  |
| ×       | /s/ Monique Kelley                                   |                           | ×                        |   |  |
| 5       | Signature of Debtor 1                                |                           | Sig                      | gnature of Debtor 2   |  |
| С       | Date 2/21/2017<br>MM/DD/YYYY                         |                           | Da                       | MM/DD/YYYY  |  |

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 57 of 70

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re       | Monique Kelley   | Northern District of In            | Case No.                   |                               |
|-------------|--|------------------------------------|----------------------------|-------------------------------|
|             | Debtor   |                                    |                            | (If known)                    |
|             |  |                                    | Chapter                    | Chapter 7                     |
| D           | ISCLOSURE OF CO  | MPENSATION OF                      | ATTORNEY F                 | OR DEBTOR                     |
| compe       | ant to 11 U.S.C. § 329(a) and Fed. Ba<br>Insation paid to me within one year b<br>Bed or to be rendered on behalf of the | efore the filing of the petition i | n bankruptcy, or agreed to | o be paid to me, for services |
| For leg     | al services, I have agreed to accept   |                                    |                            | \$1,250.00                    |
| Prior to    | o the filing of this statement I have re   | eceived                            |                            | \$0.00                        |
| Balanc      | e Due  |                                    |                            | \$1,250.00                    |
| 2. The so   | urce of the compensation paid to me  | e was:                             |                            |                               |
|             | <b>✓</b> Debtor  | Other (specify)                    |                            |                               |
| 3. The so   | urce of the compensation paid to me  | e is:                              |                            |                               |
|             | <b>✓</b> Debtor  | Other (specify)                    |                            |                               |
| 4.          | ave not agreed to share the above-d<br>embers and associates of my law firn  | sclosed compensation with an       | y other person unless the  | ey are                        |
| <b>Ш</b> me | ave agreed to share the above-discle<br>embers or associates of my law firm.<br>e people sharing in the compensatio      | A copy of the agreement, toget     |                            |                               |
|             | rn for the above-disclosed fee, I have<br>Analysis of the debtor's financial sit<br>bankruptcy;                          |                                    |                            |                               |
| b.          | Preparation and filing of any petitio  | n, schedules, statements of aff    | airs and plan which may b  | pe required;                  |
| C.          | Representation of the debtor at the  | meeting of creditors and confi     | rmation hearing, and any   | adjourned hearings thereof;   |
| 6. By agre  | eement with the debtor(s), the above   | -disclosed fee does not include    | e the following services:  |                               |
|             |  |                                    |                            |                               |
|             |  | CERTIFICATION                      |                            |                               |
|             | that the foregoing is a complete state<br>this bankruptcy proceedings.   | ement of any agreement or arra     | ngement for payment to r   | ne for representation of the  |
|             | 2/21/2017  |                                    | /s/ Mike Miller            |                               |
|             | Date   |                                    | Signature of Attorney      |                               |
|             |  |                                    | Semrad Law Firm            |                               |
|             |  |                                    | Name of law firm           |                               |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 62 of 70

#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:  | Kelley, Monique | Case No                                |          |  |
|---|-----------------|--|----------|--|
|   | Debtor(s)       | Case No                                |          |  |
|   |                 | Chapter.                               | Chapter7 |  |
|   | VERIFICAT       | ION OF CREDITOR MATE                   | RIX      |  |
| The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. |                 |  |          |  |
| Date:   | 2/21/2017       | /s/ Kelley, Monique<br>Kelley, Monique | Э        |  |
|   |                 | Kelley, Monique<br>Sianature of Debto  | or       |  |

CAPITAL ONE AUTO FINAN 3901 DALLAS PKWY PLANO, TX, 75093

ONEMAIN 601 Nw 2nd St Evansville, IN, 47708

BRCLYSBANKDE PO BOX 26182 WILMINGTON, DE, 19899

Navient 1002 ARTHUR DR LYNN HAVEN, FL, 32444

CAPITAL ONE P O Box 30253 Salt Lake City, UT, 84130

DEPT OF ED/NAVIENT PO BOX 9635 WILKES BARRE, PA, 18773

TARGET/TD P.O. Box 660170 Dallas, TX, 75266

CB/ROOMPLC 4653 E MAIN ST COLUMBUS, OH, 43251

SYNCB/WALMAR PO BOX 965024 EL PASO, TX, 79998

AVANT INC 640 N. LASALLE ST. SUITE 545 CHICAGO, IL, 60654

SYNCB/WALMART PO BOX 981400 EL PASO, TX, 79998 FST PREMIER 3820 N LOUISE AVE SIOUX FALLS, SD, 57107

MERRICK BK POB 9201 OLD BETHPAGE, NY, 11804

SYNCB/TJX COS PO BOX 965005 ORLANDO, FL, 32896

SYNCB/TJX PO BOX 965015 ORLANDO, FL, 32896

CB/DOTS PO Box 182273 Columbus, OH, 43218

SYNCB/JCP PO BOX 965007 Orlando, FL, 32896

NATIONAL DEBT RELIEF, LLC 11 Broadway Ste 1600 New York, NY, 10004

Avant 222 N Lasalle St Chicago, IL, 60601

Illinois Lending 1990 E Algonquin Rd Ste 180 Schaumburg, IL, 60173

SPOT ON LOANS Po Box 927 Palatine, IL, 60078

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 65 of 70

| Debtor 1 Monique  |  | Kelley  | Case number (if know  | n)   |  |
|---|--|---|---|--|--|
| First Name  | Middle Name  | Last Name   |   | 223 0  |  |
| Part 6: Answer These Qu   | estions for Reporting Purpos   | ses   |   |  |  |
| 16. What kind of debts do you have?   | "incurred by an individ<br>No. Go to line 16b.<br>Yes. Go to line 17.  | ual primarily for a per<br>rily business debts?<br>or investment or throu | rsonal, family, or housel<br>Business debts are debugh the operation of the           | ots that you incurred to obtain<br>e business or investment.   |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid the  | ter 7. Do you estimate  |   | operty is excluded and administrative ed creditors?  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5<br>☐ 5,001-1<br>☐ 10,001-                                       | 0,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |  |
| 19. How much do you estimate your assets to be worth?   |  | \$10,000<br>\$50,000  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$10,000<br>\$50,000  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion          |  |
|   | I have exemined this petition  | on all als als us a series  |   |  |  |
| For you   | I have examined this petition correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **Signature of Debtor 1**  Signature of Debtor 2**  Signature of Debtor 2** |   |   |  |  |
|   | Executed on 2/21/201   | DD / YYYY   | Executed o  | n  |  |

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main

|                                 |                          | Doc                                     | ument Page 66               | 3 of 70                           |                          |                                    |
|---------------------------------|--------------------------|---|-----------------------------|-----------------------------------|--------------------------|------------------------------------|
| Fill in this infor              | mation to identify your  | case:                                   |                             |                                   |                          |                                    |
| Debtor 1                        | Monique<br>First Name    | Middle Name                             | Kelley<br>Last Name         |                                   |                          |                                    |
| Debtor 2<br>(Spouse, if filing) | First Name               | Middle Name                             | Last Name                   |                                   |                          |                                    |
| United States B                 | Bankruptcy Court for the | HEAT A PRODUCED AND A POLAR OF STORY TO | District of Illinois        |                                   |                          |                                    |
| Case number<br>(If known)       |                          |   | (State)                     |                                   |                          |                                    |
|                                 | Form 106D                |   |                             |                                   |                          | Check if this is a amended filling |
| Declarati                       | ion About an             | Individual Debt                         | or's Schedules              | 3                                 |                          | 12/1                               |
| U.S.C. §§ 152, 1                | 1341, 1519, and 3571.    |   | e can result in fines up to | \$250,000, or imp                 | risonment for up to 2    | 0 years, or both. 18               |
| ✓ No                            | lame of person           | neone who is NOT an attorn              |                             | Petition Preparer's N             | lotice, Declaration, and |                                    |
| /s/ Moniq Signature of          | ue Kelley                | re that I have read the sum             | Signature  Date             | with this declaration of Debtor 2 | ion and                  |                                    |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 67 of 70

| Debtor 1 | l Monique  | Substitution of the substi | Kelley                        | Case number (if known)   |
|----------|--|--|-------------------------------|--|
|          | First Name   | Middle Name  | Last Name                     |  |
| 28. Wi   | thin 2 years before you filed editors, or other parties.  No Yes. Fill in the details belo |  | ou give a financial statem    | ent to anyone about your business? Include all financial institutions,   |
|          |  |  | Date issued                   |  |
|          | Name   |  | MM/DD/YYYY                    | -  |
|          | Number Street  |  | _                             |  |
|          | City State   | Zip Code   | -                             |  |
| Part 12: | Sign Below   |  |                               |  |
| true     | and correct. I understand t  | that making a false star<br>fines up to \$250,000,<br>a Kelley   | tement, concealing prope      | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 Date |
| Did      | you attach additional name   | to Your Statement  | Ethopoiol Affaire for la divi | dude Ellian (or Daylor 1965)   |
| <b>✓</b> | No<br>Yes  | Sto Tour Statement of  | Financial Attairs for Indiv   | duals Filing for Bankruptcy (Official Form 107)?   |
| Did y    | ou pay or agree to pay som   | neone who is not an att  | orney to help you fill out    | bankruptcy forms?  |
| 1        | No   |  |                               |  |
|          | Yes. Name of person  |  |                               | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 68 of 70

| Debtor M             |  | 10.10.21  | Kelley                   | Case number                 | (if  |
|----------------------|--|---|--------------------------|-----------------------------|--|
|                      | irst Name                                | Middle Name   | Last Name                | known)                      |  |
|                      |  | red Personal Property Leas  |                          |                             |  |
| informatio           | n below. Do not li                       | property lease that you listed in<br>ist real estate leases. Unexpired<br>nal property lease if the trustee | leases are leases that   | are still in effect: the la | red Leases (Official Form 106G), fill in the<br>ease period has not yet ended. You may |
| Descri               | ibe your unexpire                        | d personal property leases  |                          |                             | Will the lease be assumed?   |
| Lessor               | 's name:                                 |   |                          |                             | ☐ No<br>☐ Yes  |
| Descrip<br>proper    | otion of leased<br>ty:                   | 9   |                          |                             |  |
| Lessor               | 's name:                                 |   |                          |                             | □ No<br>□ Yes  |
| Descrip<br>propert   | otion of leased<br>ty:                   |   |                          |                             |  |
| Lessor               | 's name:                                 |   |                          |                             | ☐ No<br>☐ Yes  |
| Descrip<br>propert   | otion of leased<br>ty:                   |   |                          |                             | <del></del>  |
| Lessor               | 's name:                                 |   |                          |                             | ☐ No<br>☐ Yes  |
| Descrip<br>propert   | otion of leased<br>ty:                   |   |                          |                             | _  |
| Lessor'              | 's name:                                 |   |                          |                             | ☐ No<br>☐ Yes  |
| Descrip<br>propert   | otion of leased<br>by:                   |   |                          |                             | _  |
| Lessor'              | 's name:                                 |   |                          |                             | □ No<br>□ Yes  |
| Descrip<br>propert   | otion of leased<br>y:                    |   |                          |                             | _  |
| Lessor'              | s name:                                  |   |                          |                             | □ No □ Yes   |
| Descrip<br>property  | ition of leased<br>y:                    |   |                          |                             |  |
| art 3: Sig           | gn Below                                 |   |                          |                             |  |
| Under pe<br>property | enalty of perjury,<br>that is subject to | declare that I have indicated n   | ny intention about any p | property of my estate t     | hat secures a debt and any personal  |
|                      | Monique Kelley                           | Mozakille   | X Sign                   | nature of Debtor 2          |  |
|                      | 2/21/20/17<br>MM/D0/YYYY                 |   | Date                     |                             |  |
|                      |  |   |                          |                             |  |

Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 69 of 70

#### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re:            | Kelley, Monique  Debtor(s)              | Case No.   |
|-------------------|---|--|
|                   |   | Chapter. Chapter7  |
|                   | VERIFICA                                | TION OF CREDITOR MATRIX  |
| The<br>knowledge. | e above named Debtors hereby verify the | at the attached list of creditors is true and correct to the best of their |
| Date:             | 2/21/2017                               | Kelley, Monique Kelley, Monique Signature of Debtor                        |

# Case 17-05023 Doc 1 Filed 02/21/17 Entered 02/21/17 19:29:06 Desc Main Document Page 70 of 70

| Debtor 1 Monique   |  | Kelley                                    | Case number (if know               | vn)                                    |
|--|--|---|------------------------------------|--|
| First Name   | Middle Name  | Last Name                                 |                                    |  |
|  |  |   | Column A<br>Debtor 1               | Column B Debtor 2 or non-filing spouse |
| 8. Unemployment compensation<br>Do not enter the amount if you counder the Social Security Act. Inste  | ntend that the amount rece<br>ad, list it here:            | eived was a benefit                       | \$0.00                             |  |
| For you  |  | 0.00                                      |                                    | a                                      |
| For your spouse  | \$   | 0.00                                      |                                    |  |
| <ol><li>Pension or retirement income. Description</li><li>benefit under the Social Security Act</li></ol>  | o not include any amount<br>t.                             | received that was a                       | \$0.00                             |  |
| 10.Income from all other sources amount. Do not include any benefi payments received as a victim of a international or domestic terrorism. page and put the total below.   | ts received under the Socia<br>war crime, a crime against  | al Security Act or                        |                                    | a<br>F                                 |
|  |  |   |                                    |  |
| Total amounts from separate pages  | s, if any.   |   | +\$0.00                            | +                                      |
| 11. Calculate your total current meach   | onthly income. Add lines                                   | 2 through 10 for                          | \$2,610.97                         | = \$2,610.97                           |
| column. Then add the total for C   | olumn A to the total for Co                                | olumn B.                                  |                                    |  |
| REAL PROPERTY AND A STATE OF THE STATE OF TH |  |   |                                    | Total current monthly income           |
| Part 2: Determine Whether the  | Means Test Applies   | to You                                    |                                    | 7                                      |
| 12. Calculate your current monthly   |  | ow these steps:                           | ,                                  |  |
| 12a. Copy your total current month   | ly income from line 11.                                    |   | Copy I                             | ine 11 here → \$2,610.97               |
| Multiply by 12 (the number of  | months in a year).   |   |                                    | X 12                                   |
| 12b. The result is your annual incor   | me for this part of the form                               |   |                                    | 12b. \$31,331.64                       |
| 40.01.11.11  |  |   |                                    |  |
| 13 Calculate the median family inco  | ome that applies to you.                                   | Follow these steps:                       | :                                  |  |
| Fill in the state in which you live.   |  | Illinois                                  |                                    |  |
| Fill in the number of people in your   |  | 2   |                                    |  |
| Fill in the median family income for household.  |  | 2   |                                    | 13. \$65,659.00                        |
| To find a list of applicable median in instructions for this form. This list m   | come amounts, go online<br>nay also be available at the    | using the link spec<br>bankruptcy clerk's | cified in the separate office.     |  |
| 14. How do the lines compare?  |  |   |                                    |  |
| 14a. Line 12b is less than or ed<br>Go to Part 3.  | qual to line 13. On the top                                | of page 1, check b                        | ox 1, There is no presumption of a | abuse.                                 |
| 14b. Line 12b is more than line<br>Go to Part 3 and fill out Fo  | e 13. On the top of page 1<br>orm 122A-2.                  | , check box 2, The                        | presumption of abuse is determine  | ed by Form 122A-2.                     |
| Part 3: Sign Below   |  |   |                                    |  |
|  |  |   |                                    |  |
| By signing here, I declare under pe  | enalty of perjury that the inf                             | ormation on this st                       | atement and in any attachments is  | true and correct.                      |
| ✗ /s/ Monique Kelley   | Mmistill   | $\sqrt{2}$                                | oc .                               |  |
| Signature of Debtør  | The fact of  | 0   | Signature of Debtor 2              |  |
| Date 2/21/2017   | 4)   | sumple.                                   | Data 0/04/0047                     |  |
| MM/DD/YYYY   |  |   | Date 2/21/2017<br>MM/DD/YYYY       |  |
| If you checked line 14a, do NOT<br>If you checked line 14b, fill out F   | fill out or file Form 122A-<br>orm 122A-2 and file it with | 2.<br>n this form.                        |                                    |  |